Clinical Remarks
ON
ABDOMINAL SANGUINEOUS CYSTS.

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ONE autumn, seventeen or eighteen years ago, I went to Hastings with my wife and family, and on the platform of the station met a young lady with whom and whose family I was acquainted. She looked miserable, and told me that they had all been there several weeks on account of the illness of one of her brothers, who was, in fact, then dying. I was surprised, for I had heard nothing whatever of the matter, and had seen him only a few months before, apparently in perfect health. A little later in the day she called at my lodgings to request me to see him in consultation with his medical attendants, Mr. Barnard and Dr. Adey; and in the evening we met. The patient was a young man, twenty-seven or twenty-eight years of age, of loose habits, but who had (so far as I know) enjoyed very good health. His present illness was of a few months' duration only. He had been ailing for a month or two at home with symptoms referable to the abdomen, but which his own medical man, failing to understand or to benefit, sent him to the seaside to get rid of. He gradually became worse, however; and before long an abdominal tumour of large size was discovered. This rapidly increased in volume, and concurrently with its enlargement the patient emaciated and got weak; he had suffered also, more especially latterly, from intense abdominal pain, coming on in frequent paroxysms. I found him in bed, lying on his back, with his head and shoulders raised. He was pallid and sallow-looking, emaciated to the last degree, but with an enormously distended abdomen. His general aspect, in fact, was precisely that of a woman in the last stage of untreated ovarian dropsy, or of a child sinking from the effects of a malignant tumour of the kidney. He had no appetite, and indeed vomited (as he had done for some little time) everything that he took. He was in much pain during the whole time of my interview with him, and now and then appeared to be in extreme agony. It was supposed that his end was near, and I confess that I shared that view. On careful examination, I found a large, ovoid, but somewhat irregular tumour occupying mainly the left side of the abdomen; it extended from the ribs above to the pubes below, and from the left loin to a couple of inches or so to the right of the umbilicus. The bowels were pushed to the right, there was no fluid apparently in the peritoneal cavity, and, with the exception of the large tumour, no evidence of abdominal disease. I may further state, at once, that the thoracic viscera were all healthy, that none of the superficial glands were enlarged, and that the excretory functions and products were normal. The tumour, when first discovered, was assumed to be malignant, and to have originated in the liver. Its position now, however, did not in the least suggest an hepatic origin. It seemed rather to be connected with the spleen, or kidney, or peritoneum in the neighbourhood of these organs. It was fixed; it presented no notched edge, nor indeed any edge at all; and so far as could be made out the large intestine did not cross its surface. Which of the latter alternative views of its origin was the correct one was undeterminable by ordinary physical examination. It was, however, cystic, and it was decided to tap it. The next morning a large-sized trocar and cannula were introduced, and at least a gallon and a half of opaque, turbid, dark, reddish-brown fluid were removed, with the result that the cyst was nearly emptied, and not much evidence was left of its presence in the abdomen. The fluid was simply altered uncoagulated blood, and the only microscopic elements detected in it were ordinary red and white corpuscles.

I left Hastings after that for a fortnight, and when I returned I found our patient able to sit up and enjoy some hours daily on the beach, gaining flesh rapidly, free from pain, with a good appetite, and sleeping well. Indeed, he was advanced in convalescence; but the cyst was refilling. I saw nothing more of him at this time; but learnt that at the end of two months from his tapping the tumour had become almost as large as ever, and paracentesis had again to be resorted to, and that the fluid removed was of the same quality and almost as abundant as that removed on the first occasion. He had, however, retained his renovated health to a large extent. The fluid never reaccumulated after the second tapping, and after the lapse of two or three more months he returned home perfectly well and able to resume his occupation.

I may as well give the subsequent history of this case at once, with its episodes, for they are interesting, though they have little relation to the main object of this lecture.

Shortly after his recovery from the above illness the patient married a young lady to whom he had been for some time engaged, and who had nursed him, and took up his residence in one of the suburbs of London. I did not see him again for three or four years, when I was requested to attend him in consultation. I found him living in very good style, but he had been drinking rather heavily, and was suffering in consequence from an attack of delirium tremens. When I entered his bedroom he was laughing heartily, and it was some time before I could get him to explain the cause of his mirth. He told me at length that just before I arrived he fancied he had seen, through his window, a number of naked men running one after another across some fields, and leaping over a ditch that divided them, while a person concealed in the ditch, and armed with a razor, lopped off each one's privates as he jumped. Not a trace of his old abdominal tumour could be detected. It is a pity, however, that he had not been treated at this time as the phantom jumpers had been treated by their phantom enemy, for shortly afterwards he imparted syphilis to his wife, from the effects of which she ultimately died. The next time I saw him was some seven or eight years ago, when I was requested to admit him under my care into St. Thomas's Hospital. He had for some years taken to drinking; he had been turned out of the business in which he was a partner; he had sunk into the lowest depths of degradation; and for a year had been living with a prostitute and on the proceeds of her traffic. He was filthy and squalid and worthless, and he was suffering mainly from filth-sores about his body and enlarged lymphatic glands resulting therefrom. Again I examined his abdomen most carefully, and again could discover no sign whatever that he had at any time suffered from abdominal disease. For the third time he recovered. I have seen him once since, in rags and begging, in Cornhill, but where he is and what he is doing now I have not cared to inquire. I hope I may have done some good in my time. I certainly looked back for a few years with special pleasure to my share in the successful treatment of this case; I look back to it now with regret and almost with remorse.

What was the nature of this man's tumour? Was it a portion of the peritoneal cavity, cut off from the rest by adhesions, and in connexion with a rupture of the spleen or some other viscus? I have seen such a cyst, on the right side of the body, due to rupture of the liver, and containing altered blood, the patient surviving many weeks. There was no history, however, of injury in this case, and, moreover, the symptoms were slowly developed. Was it a simple cyst arising in the peritoneum, spleen, or kidney, the secretion into which had assumed a hæmorrhagic character? If this were its nature it had most probably, I think, originated in the spleen; but I have never met with any such cyst even in this organ. Was it an hydatid? I should think not, for many reasons, and amongst others because even after the most careful examination by several competent observers no trace of hydatid membranes, of microscopic cysts, of echinococci, or of hooklets was discovered. Was it a case of rapidly developed and gigantic hydro-nephrosis, or (as I presume it should be called) hæmato-nephrosis? I think it was either a simple cyst of the spleen or a distended kidney, and on the whole I lean to the latter opinion. I confess, however, that its nature has ever been a mystery to me, and I have always hoped that sooner or later some elucidative case would present itself before me.

The case which most resembled it first came under my notice early in 1879, and for a time seemed so close a copy of it in its phenomena that I looked forward hopefully for an equally happy result. But, alas! I was doomed to disappointment; for my poor friend, as I like to think him (for he was a man of character and culture, and grateful in the highest degree to all about him for their

efforts in his behalf), after remaining intermittently under my care for several years, died of his malady last summer. He was a newspaper reporter and writer, of dark complexion and delicate physique, who towards the end of the year 1878 first began to complain of the symptoms of the malady for which he placed himself under my care in St. Thomas's Hospital on February 20th, 1879. He was then thirty-five years of age.

On admission it was found that he had a large belly (the veins in the walls of which were dilated), and that the enlargement was due to the presence of a tumour which occupied its lower part. This was rounded and symmetrical in shape, extending from an inch or two above the navel to the pubes, and from one anterior superior iliac spine to the other. There was absolute dulness in all this area and distinct fluctuation. It was neither tender nor painful, nor did it present the hydatid thrill. The abdomen was in all other respects healthy. The thoracic organs also were healthy. He had a good appetite, but could take very little food. His bowels were constipated, and opened only every three or four days. The urine was abundant, and had a specific gravity of 1014, and contained a trace of albumen. He slept badly, and complained of a dull aching pain about the anus, extending thence up the rectum, and also of pain about the umbilicus. The girth of the abdomen at this time was about thirty-three inches. The tumour, from its situation, might well have been the distended bladder; but it was broader than a bladder might be expected to be, and extended higher. A catheter was passed, however, and the vesical contents were removed, but without any effect on the tumour. Then an aspirator was introduced into the cyst, and a few ounces of fluid were withdrawn. This was reddish-brown, grumous, alkaline, with a specific gravity of 1024, became consolidated by boiling, contained abundant chlorides, and under the microscope showed numerous blood-corpuscles, but no other morphological elements. The resemblence of this cyst to that in the case first narrated naturally struck me; and the question I had formerly failed to answer again rose to my lips, What could be its nature? In this instance, however, it was clear that we had to do neither with a spleen nor with a kidney; neither was there any more evidence in this case than in that that the cyst contained hydatids. There was evidently, however, some ground for hoping that they might be, and, indeed, for thinking that they were, identical in their nature. After he had been in the hospital three weeks, his girth at the umbilicus had increased to thirty-four inches; and it was determined to tap the cyst. This was done with the aspirator, and 128 ounces of fluid, exactly like that obtained by the exploratory puncture, were removed. The patient was relieved from many of his discomforts, and no ill effects of any kind followed. On examination of the abdomen a day or two afterwards, its girth was twenty-nine inches and a half, and no trace of the tumour could be felt through the abdominal walls. There was a little tenderness, however, in the left iliac fossa. About a week later it was noted that dulness on percussion extended upwards two inches from the symphysis pubis; and from this time, with the exception that there was difficulty as regards the bowels, the patient improved in health and strength. The cyst, however, was slowly enlarging. On May 20th his girth was thirty-two inches, and it was thought advisable to tap him a second time. Eighty-six ounces of fluid were removed on this occasion; it was redder than, but in other respects exactly of the same character as, that removed previously. He left the hospital, much benefited, on June 8th.

He was readmitted on July 3rd, and, as he was then suffering much as he had done when he first came under treatment, it was decided to tap him at once, although the tumour did not reach the umbilicus by two inches. Seventy-four ounces of fluid, exactly like the last, were removed by the aspirator next day. A week later he got a slight attack of acute rheumatism, from which he recovered in the course of a few days. And again he left the hospital, much improved, on July 19th.

On Feb. 27th, 1880, he for the third time became an inmate of St. Thomas's. He had been suffering from abdominal pain, difficulty of breathing, some cough, sleeplessness, constipation, and more or less difficulty in micturition. His tumour was larger than it had been, and extended to two inches above the navel in the mesial line; its shape was unaltered, and it still fluctuated; but its walls were manifestly thicker, and there was an ovoid solid tumour, about an inch and a half in length, on the right side, between it and the abdominal wall. This was freely movable and somewhat tender. The girth of the abdomen was thirty-three inches and three-quarters. On March 4th, 167 ounces of fluid, exactly like that formerly yielded, were removed by tapping. The girth of the abdomen after the operation was twenty-nine inches and a half, but the tumour could still be recognised as a more or less solid mass, occupying the region above the pubes. There was a gradual but slow increase in the size of the tumour after the operation, and at length, as the patient's health was deteriorating, as my original hopes with regard to the cure of the tumour seemed doomed to disappointment, and as also it was evidently becoming more solid, I consulted Mr. Sydney Jones as to the feasibility of its removal by abdominal section. On May 13th, the patient being kept under the influence of anæsthetics, Mr. Jones inserted his hand into the rectum, and made a combined rectal and vesical examination, with the result of discovering that the tumour dipped deeply into the pelvis, between the rectum and the bladder, displacing the bladder to one side, and he concluded that it was inexpedient to perform any such operation as had been contemplated. On June 4th the cyst was tapped for the fifth and last time, when only seventy-eight ounces of fluid were removed. Subsequently to this, the tumour slowly increased in size, and altered in shape, becoming somewhat lobulated and more solid, and, as my note says, "fleshy"; then it appeared to be stationary for a time; and, finally, it was thought to undergo distinct diminution, which continued up to the time at which he left the hospital on Nov. 27th. At that date the highest point of the tumour reached the level of the umbilicus; and the separate, movable lump had either receded so as to be out of reach of the finger, or had become incorporated into the larger mass. During this third stay in the hospital his health varied a great deal, but on the whole he got thinner and weaker. His bowels were usually constipated, and he had much continuous discomfort after the rectal examination; there was frequently some difficulty in passing urine, and this fluid varied in specific gravity, in quantity, and in quality; it often contained more or less albumen, and occasionally a little blood and traces of pus. Latterly, too, it was abundant, and of low specific gravity. His appetite was poor, he complained of pain and tenderness in the abdomen, his pulse was feeble, and his temperature for the most part was normal or subnormal. He had during this time a little temporary œdema of the legs, and on one occasion there was an outbreak of petechial spots over the abdomen and lower extremities. He lost nearly a stone in weight during the nine months.

It was not until May 19th, 1882, or after an interval of eighteen months, that he again sought admission into the hospital. He had been coming up almost daily to have morphia injections, had reported himself from time to time to the sister, and had been seen by myself occasionally in the street or in the hospital. He was very weak during all this time, and seemed if possible to get thinner, but the abdomen remained considerably smaller than it was when it used to need tapping, and he thought it was still diminishing. For the last month, however, he had been distinctly losing ground, and especially had been suffering from cough and expectoration, with spasmodic difficulty of breathing, and frequent vomiting.

On admission the abdomen was large and prominent, and the superficial veins in its lower part were dilated; the tumour, which was certainly smaller than when last examined, was lobulated but rounded in outline, slightly movable, somewhat soft to handle, but free from all sense of fluctuation. It appeared to be a softish solid mass, and was very tender. The chest was fairly resonant, but over the upper part of the right side there was dulness with loud creaking, sonorous rhonchus and harsh expiration; and over the middle third behind crepitation. He had a frequent cough and expectorated much nummulated muco-purulent fluid. The tongue was dry, red, and glazed; he was thirsty and had no appetite; the bowels were confined. He passed a great deal of water, which was turbid, acid, contained one-sixth of albumen, and some pus cells, but no casts. His pulse was quick and feeble, and his temperature ranged from 98·2° to a little over 100°. He complained much of pain across the lower half of the abdomen and in the back. His remaining clinical history is little more than a simple record of the incidents of death from asthenia. He gradually got weaker, his pulse feebler and falling from about 120 to 96, his temperature becoming subnormal. His cough and

expectoration continued, and the latter became fetid. Inflammation of both eyes supervened, resulting in ulceration of the left cornea. He became also forgetful, and wandered slightly in his mind. Abdominal pain continued until his death, which took place on June 24th, 1882. During all this period his treatment consisted mainly in the subcutaneous exhibition of morphia, which had been largely employed throughout his illness, and the administration of food and stimulants.

A curious circumstance occurred a day or two before his death which it may be worth while to record. I was discussing the case with my class, and was especially considering the fact that the original thin-walled cyst had become almost completely solid; and I proceeded to examine the patient, when to my surprise his tumour appeared thin-walled and fluctuated distinctly in almost its whole extent. It turned out that the patient in his half unconsciousness had retention of urine, and the distended bladder in the shape of a tea-cake had intruded itself temporarily between the tumour and the abdominal wall.

Autopsy.—The body was emaciated to the last degree. Chest: The left pleura contained a few ounces of blood-stained fluid, and the left lung was large, œdematous, and congested. The right lung was adherent over the upper lobe, but the lower part of the pleural cavity was occupied by purulent fluid. Near the anterior border of the lower lobe was an ulcerated opening the size of a shilling, by which the empyema communicated with the lung tissue. In the upper lobe was a large irregular cavity of new formation; and in the lower lobe was a smaller cavity which had opened into the pleura. No tubercles or other kind of adventitious growth was found. The remaining lung tissue was collapsed. Heart and pericardium healthy. Abdomen: A large and irregularly rounded tumour occupied the lower and anterior part of the abdominal cavity, extending from above the umbilicus into the pelvis, and displacing the intestines upwards and backwards. The distended bladder lay between the lower part of its anterior surface and the abdominal parietes. Its exact seat of origin was not determined; but its lower part extended to the bottom of the recto-vesical pouch, and it was intimately connected with the soft tissues in front of the sacrum and with the parietal peritoneum of the lower part of the sides and back of the pelvis. The tumour was a thick-walled cyst. The walls varied from about half an inch to an inch and a half in thickness, and consisted for the most part of a moderately firm, whitish, semi-translucent material. The inner surface was lined with an opaque buff-coloured mortary layer, which infiltrated the adjoining solid wall to a depth of a line or so; and here and there isolated patches having the same appearance and small hæmorrhages studded the substance of the walls. The central cavity was now comparatively small, and flattened from before backwards, but contained many ounces (probably a pint and a half) of turbid, opaque, light-brown fluid, looking much like a solution of the solid matter lining the cyst. The tumour weighed 7 lb., and was a round-celled sarcoma. A few small outlying solid growths of the same texture as the primary tumour were found in close proximity with its posterior surface. No secondary growths were discovered either in the neighbouring glands or elsewhere. The bladder was distended but healthy. The kidneys were both moderately hydronephrotic. The spleen was large and firm. All the other abdominal organs were sound. Brain healthy.

It seems to me now, looking back on the case of my poor friend, that it was in the main a very simple one; and that only a fatal issue could have been anticipated from the beginning, had one recognised the pathological character of the growth within which the cyst, so frequently tapped, had become developed. No doubt the growth from its origin was, as it proved to be ultimately, a round-celled sarcoma; and that (although the exact organ or structure in which it arose was not determined) it sprang from the cavity of the pelvis. It is clear, too, from the progress of the case, that in the beginning the vascular sarcoma broke down in its interior into a sanguineous cyst which rapidly increased in size, with probable attenuation of its walls, until it attained the dimensions presented by it on the occasion of the first tapping; and that from this time onwards there was progressive invasion of its walls by sarcomatous growth, and progressive thickening, which gradually rendered the tumour more and more solid to the touch, which, in association with the degenerative changes in the inner surface of the cyst, checked and finally arrested the enlargement due to simple fluid-accumulation, and explained equally the diminishing need for tapping, and the reduction, at any rate for a time, of the tumour in bulk. The same process had, in fact, been going on here as one occasionally witnesses in cysto-sarcomatous tumours of the ovary, and in cystic ovarian tumours which become invaded by sarcomatous growth. The persistent constipation and frequent difficulty of micturition were obviously due to the pressure of the tumour on the pelvic organs; and the variable, and for the most part abnormal, condition of the urine was doubtless dependent on the hydronephrosis, which itself had resulted from partial obstruction of the ureters. The pulmonary abscesses and empyema were apparently unconnected with either tubercle or sarcoma, and probably the result of a low form of pneumonia determined, like the affection of the patient's eyes, by his extreme debility and imperfect circulation.

In conclusion, do these cases throw that clear light on one another that I had expected? or do they even throw any light at all on one another? I am bound to acknowledge that I think not. They both furnish examples of rapidly developing cysts with sanguineous contents. But there all real resemblance between them ceases. They illustrate the facts, however, that cysts of different origin and of different structure may so far resemble one another in the conditions of their lining membrane as to secrete morphologically and chemically identical fluid contents; and that morbid developments of the most diverse kinds may yet have common characteristics. At any rate it will be admitted, I think, that the cases are far more instructive when considered together than either of them would be taken alone.

ON THE COMPARATIVE INUTILITY OF

ANTISEPTIC INHALATION AS AT PRESENT PRACTISED IN PHTHISIS AND OTHER DISEASES OF THE LUNGS.

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THE title of this communication will doubtless be a surprise to the advocates of antiseptic inhalation in phthisis and other diseases of the lungs. It has appeared to me that the practice of such inhalation, which is now so much in vogue, has not been shown to rest on any true or scientific basis or foundation, and further that the clinical evidence in its favour is so far singularly weak, notwithstanding the publication of a number of cases affirmed to have been benefited thereby. Under these circumstances I have been led to institute a series of experiments and observations with a view to test the efficacy of antiseptic inhalation in the class of diseases mentioned, and I will now proceed to relate the results. The principal antiseptic substances used are phenol, commonly known as carbolic acid, employed much more frequently than all the others, and to which therefore the most importance is attached; creasote, which ranks next; thymol, now coming into more general use; and iodine. Phenol, or carbolic acid, C_6H_6O, has the following properties:—It melts at 107·9° F. to a colourless fluid, which is slightly heavier than water. When pure it boils at 359·6° F., and distils without decomposition. The crystals readily absorb moisture from the air; a hydrate, C_6H_6O,H_2O, containing 16·07 per cent. of water, and melting at 63·0 F., being formed. One part of the absolute acid requires 10·7 parts by weight of water for complete solution. The solutions do not redden litmus, but the acid forms definite salts with strong bases. It is miscible in all proportions with alcohol, glacial acetic acid, and glycerine; also (when anhydrous) with ether, benzene, carbon disulphide, and chloroform. Smell and taste are much less marked in the pure than in the commercial acid. It coagulates albumen, is a powerful antiseptic and poison, and acts as a caustic on the skin. Nothing is said in books about the volatility of phenol at ordinary temperatures, yet from the powerful odour emitted one would be led to infer that it must be volatile to some small extent. With a view to test this point the following experiments were made: 0·5 grm. exposed uncovered to the air, at a temperature of about 48·2° F., lost ·0035 grm. in two hours, and ·0071 grm. in four hours; 0·5 grm., placed under

a bell-glass and in air dried by sulphuric acid, lost ·0025 grm. in two hours, and ·0054 grm. in four hours. These experiments show that the volatility of phenol at ordinary temperatures is exceedingly slight; it increases, however, as shown by some further experiments, which it is not necessary to detail in this place, in proportion as the temperature is raised. One-half gramme of phenol, or 500 milligrammes, equal to about 7·70 grains, was dissolved in water, and placed on the sponge of one of Mayer and Meltzer's cellulose oro-nasal inhalers, and the inhalation was continued for one hour. Of the 500 milligrammes taken 412 were recovered from the sponge, showing a deficiency of only 88 milligrammes. In the second and third similar experiments the amounts recovered were 413 and 458 milligrammes respectively, showing a loss of only 87 and 42 milligrammes. Thinking that the volatility of the carbolic acid would be aided by dissolving it in some more volatile substance than water, experiments were next made with spirits of wine and spirits of chloroform as the solvents. In three trials with half a gramme of carbolic acid, equal to 500 milligrammes dissolved in alcohol, the amounts still retained in the sponge at the end of the inhalation were 442, 485, and 480 milligrammes respectively, showing deficiences of 58, 15, and 20 milligrammes only. The results of two experiments with spirits of chloroform as the solvent were similar, the amounts recovered being 485 and 495; in the one case 15 milligrammes had disappeared, and in the other five only. It thus appears that the solution of the phenol in alcohol and chloroform in place of increasing really lessens the volatilisation.

I may now state that the phenol was quantitatively determined by the very delicate and accurate process of M. T. Chandelon. It is difficult to suppose that the small quantity of carbolic acid which disappeared during the several inhalations could exercise any marked effect in the alleviation or cure of such a malady as phthisis, even if the whole quantity made its way to the seat of the disease, but this it certainly does not do; some is lost in the respirator itself, more in the manipulations necessary to remove the remaining phenol from the sponge, but a still larger amount is absorbed by the skin of the lips and the mucous membrane of the nose, mouth, and fauces; so that it becomes extremely doubtful whether any portion of this antiseptic ever reaches the air cells of the lungs. This doubt is greatly strengthened by the fact that the sputa in cases of phthisis brought up shortly after inhalation never, so far as my experience goes, smell of carbolic acid; neither have I ever found that acid present in them in any notable quantity. Another fact corroborative of this view may here be cited. The air expired during the inhalation of the carbolic acid was passed through distilled water which was afterwards tested for the acid, the faintest trace only being discovered.

The next antiseptic experimented with was creasote. No volumetric chemical process being known for the quantitative estimation of this compound, the gravimetric method had to be pursued, which, however, furnishes results sufficiently precise for the purpose. Creasote, as is well known, is the product of the distillation of wood tar; it is a very variable admixture of several phenol-like bodies; guaiacol, $C_7H_8O_2$, boiling at 392° F.; creasol, $C_8H_{10}O_2$, boiling at 422° F.; phlorol, $C_8H_{10}O$, and methylcreasol, $C_9H_{12}O_2$, being the chief constituents. The composition of creasote varies with its origin. Carbolic and cresylic acids occur in pine wood creasote. Guaiacol predominates in Rhenish creasote. Morson's English creasote consists chiefly of creasol, and boils at about 422° F. Creasote is sparingly soluble in water, possesses a smoky taste and smell, and is a powerful antiseptic; it preserves animal matters without causing disintegration, as phenol is apt to do, and is less powerfully caustic than the latter. Creasote is miscible in all proportions with alcohol, ether, benzene, chloroform, acetic acid, &c.; like phenol, with which it is often adulterated. 0·5 gramme exposed to the air under the same circumstances as the phenol lost ·0090 gramme in two hours, and ·0113 in four hours; another 0·50 gramme placed under a bell-glass with sulphuric acid lost ·0084 in two hours, and ·0106 gramme in four hours. It thus appears that creasote is somewhat more volatile than phenol, but still is of very slight volatility. From half a gramme or 500 milligrammes of creasote, inhaled with water for one hour, 430 milligrammes were recovered, the creasote being dissolved out of the sponge by means of alcohol. From the same quantity of creasote dissolved in spirits of wine there were recovered in the first experiment 406, and in the second 410 milligrammes. While lastly, from the same quantity of creasote dissolved in spirits of ether there were obtained 416 and 406 milligrammes respectively. These experiments show, as was the case with the phenol, that upwards of four-fifths of the creasote used remain in the sponge of the inhaler, while of the remaining small quantity some is lost in the inhaler itself, some is absorbed by the mucous membrane of the nose and mouth, while part is lost during the evaporation of the spirits of wine and ether employed as the solvents of the creasote.

I will now detail the results of the experiments with thymol. Thymol, $C_{10}H_{14}O$, is the camphor of oil of thyme, and is a solid crystalline substance with a pungent taste and aromatic odour. It melts at 111·2° F., and does not easily resolidify unless touched by a solid body or a crystal of thymol. It boils at from 428° to 446° F.; it is slightly heavier than water; in the fused state rather lighter. It is but little soluble in water, requiring about 1000 parts for solution. Thymol is a powerful antiseptic, its preservative power being ten times as great as carbolic acid, according to Bucholz, and four times as great according to Willmott. It acts as a caustic on the lips and mucous membrane, but does not irritate the skin like carbolic acid. It is soluble in ether, strong acetic acid, and in its own weight of rectified spirit, but is very sparingly soluble in glycerine. 0·5 gramme gained ·0003 gramme at the end of two hours, and the weight had not altered after four hours. In an experiment in dry air under a bell-glass there was also no alteration of weight, even at the end of four hours. These figures show that thymol is not in the least volatile at ordinary temperatures. There were recovered after an hour's inhalation in the first experiment 412, and in the second 466 out of the 500 milligrammes employed, and which were dissolved in ether. From the same amount of thymol dissolved in spirits of wine there were obtained 450 and 466 milligrammes. It is therefore scarcely possible to conceive that this antiseptic can, as at present employed, exert any beneficial effect.

The last antiseptic of which trial was made was iodine. Iodine volatilises at ordinary temperatures in the open air, especially in the presence of moisture; it melts at 224·6° F., and boils at from 347° to 356° F.; it is very sparingly soluble in water, 1 in 7000 parts only, but is much more soluble in alcohol and ether, and in aqueous solutions of the soluble iodides. It resembles closely chlorine and bromine in its chemical relations. 0·5 gramme exposed to the air lost ·0124 gramme in two hours, and ·0178 gramme in four hours; 0·5 gramme in dry air under a bell glass lost ·0103 gramme in two hours, and ·0145 gramme in four hours. The only experiments made with iodine were the following, but, as will be seen, these were very conclusive:—200 milligrammes of iodine were dissolved in 10 cubic centimetres of spirits of wine, and of this mixture 1 cubic centimetre containing ·020 of iodine was placed on the sponge of the inhaler, with a little alcohol added, and inhaled for an hour. A similar experiment was made with spirit of ether as the solvent. The vapour given off was at first pungent and stinging to the mucous membrane of the nose and mouth, but on examining the sponge at the end of the hour all but a trace of the iodine was found to have disappeared. In iodine, therefore, we really have a volatile agent to deal with, and hence it might be presumed that it did, in fact, make its way into the lungs. This conclusion, though apparently warranted by the disappearance of the antiseptic during inhalation, is not confirmed by further observation.

When testing the saliva and mucus of the mouth and throat on the completion of the inhalation with a solution of starch, I noticed that the colour of the starch was unchanged, proving the absence of free iodine. On applying, however, an acid to the mucus, the blue colour was abundantly developed, showing that very much of the iodine inhaled, and possibly the whole of it, had become converted into an iodide, in which transformation it loses entirely its antiseptic properties. This is an interesting and important fact, not only in relation to the subject now under consideration, but in other ways. Thus, for one thing, it shows how useless it is to administer free iodine as a medicine. Again, it should be known that when, as is frequently the case, carbolic acid and iodine are inhaled together, a strong chemical action is set up between them, whereby probably the antiseptic properties of both are impaired. In the case of iodine, then, evidence is also wanting to show that this antiseptic does really make its way into the lungs. Now it may be urged that if the inhalation of the several antiseptics had been continued for a longer period than an hour, the result would have been different—that is to

say, that more of them would have been inhaled. In order to test this point, the inhalation of carbolic acid was continued for two hours in three experiments with the following results:—Of the 500 milligrammes taken, there were recovered by Chandelon's process 410, 400, and 390 milligrammes respectively, thus showing only a very moderate increase, quite insufficient to affect in any material manner the general results arrived at. Even had the amount inhaled been much greater, it would by no means have followed that a proportionate increase of the antiseptic was to be found in the lungs. Supposing a small quantity of any of the antiseptics really reaches those organs, it is not to be supposed that it remains there for an indefinite time, and goes on accumulating as long as the inhalation is continued. The action of the absorbents would doubtless come into play, and the antiseptic which was inhaled the first hour would become removed by absorbtion during the second hour. Again, it might be urged that if smaller quantities of the antiseptics were placed in the inhaler, the proportionate volatilisation would be greater. 250 milligrammes of phenol in water were sprinkled on the sponge of the inhaler, and inhalation continued for an hour, at the end of which time 234 milligrammes were recovered from the sponge, showing a smaller, and not a larger, proportionate loss.

It will, I think, now be readily acknowledged that the title of this communication was fully warranted by the facts and evidence produced; indeed, it appears to me that a stronger title would have been justified. The subject of antiseptic inhalation in diseases of the lungs is a very important one, and is by no means exhausted in the present communication. I am continuing my observations and experiments; but so far I have come to the conclusion that the most practical method of accomplishing the object in view is by means of an inhalation chamber. There are many difficulties in the way of the construction of such a chamber, and many points would have to be attended to; but the difficulties are by no means insuperable. I have already devised the plan, and am about to have the chamber constructed, so as to be in readiness for the use of patients during the ensuing winter season at San Remo.

San Remo.

ON THE

REMOVAL OF A DEEP SEBACEOUS CYST OF THE NECK THROUGH THE MOUTH, AVOIDING AN EXTERNAL SCAR.

BY W. J. WALSHAM, F.R.C.S.,

ASSISTANT-SURGEON TO, AND DEMONSTRATOR OF ORTHOPÆDIC AND PRACTICAL SURGERY AT, ST. BARTHOLOMEW'S HOSPITAL; SURGEON TO THE METROPOLITAN FREE HOSPITAL.

SINCE my attention was called, some ten years ago, to Langenbeck's description of deep sebaceous cysts of the neck (Dermoid or Atheromcysten des Halses), although I have constantly looked for the affection, it has but twice fallen to my lot to see an example of it: once about five years ago at the Metropolitan Free Hospital, where I helped a colleague to remove such a cyst by an incision below the jaw; and once during the last autumn at St. Bartholomew's Hospital, where I removed one through an incision in the mouth. The comparative rarity of deep sebaceous cysts of the neck, and the facility with which I was enabled to remove the whole cyst through the mouth, thus avoiding an external scar, are my reasons for drawing attention to the subject. Sebaceous or atheromatous cysts, says Langenbeck,[1] apart from their frequent occurrence in the scalp and skin, are only found deeply seated in the region of the neck and throat, sometimes under the superficial fascia, sometimes deeper, having attachments to parts of the larynx or pharynx or to the carotid sheath. They appear as tumours of a globular or ovoid shape, with a smooth and even surface, and are tense and elastic to the touch; whilst, with one finger in the mouth and the other pressing upon the swelling in the neck, fluctuation can be distinctly felt through them.

In several of the cases referred to by Langenbeck a transmitted pulsation of the carotid artery was felt on extension of the head; but in these cases the cysts had an intimate connexion with the sheath of the great vessels, and most of them were contained in the superior carotid triangle. In both the cases I have seen the growth corresponded with Langenbeck's description, but in neither did I detect any transmitted pulsation from the carotid artery, nor discover any connexion with the carotid sheath, but then they were situated almost entirely in the digastric triangle. Both appeared globular, and to have only superficial attachments; but at the operation for their removal deep ramifications were found extending amongst the muscles of the tongue and hyoid bone. That at the Metropolitan Free Hospital occurred a little below and in front of the angle of the jaw, and extended down the neck to above the level of the hyoid bone. It appeared to be about the size of a Tangerine orange, was freely movable, and fluctuation could be felt through the mouth. On removal deep prolongations were found running in several directions, one as far forward as the symphysis, and others amongst the muscles of the tongue. Notwithstanding these it was fairly easily shelled out with the finger leaving the various structures forming the floor of the digastric triangle exposed to view. The cyst that I myself removed occurred in an unmarried woman thirty-four years old. She had first noticed a swelling under the jaw about five years ago, and it had since been growing gradually larger. She was certain that it had not existed longer than that time. On admission the swelling was about the size of an orange, and situated in the right side of the neck, extending downwards into the neck for about two inches, and upwards into the mouth. It was globular, circumscribed, apparently freely movable, non-adherent to the skin covering it, which was normal, moderately tense, smooth on the surface, and giving no pain when handled. On pressing it upwards from the neck, it could be made to project prominently into the mouth, where it could be felt reaching from the base of the right anterior pillar of the fauces to the symphysis. Fluctuation, with one finger in the mouth and the other on the neck, was readily perceptible. I was unwilling to remove it by an incision in the neck, feeling sure from former experience that notwithstanding that it felt freely movable and circumscribed, it would have deep connexions, and therefore that the wound, considering the laceration and bruising of the tissues which would necessarily ensue, could hardly be expected to heal by the first intention. I was anxious, the patient being a woman, and of not unprepossessing appearance, to avoid a scar. Langenbeck's experience of tapping or incising these cysts, moreover, was not encouraging. In one case treated by incision the cyst filled again and again for four years. Mr. Willett, who kindly saw the case with me, thought that it might be removed through the mouth, and considering the ease with which the former cyst, in spite of its deep attachments, shelled out, I determined to make the attempt. The patient having been brought under the influence of chloroform, a gag placed in the mouth, and the tongue drawn over to the left side, an incision was made in the floor of the mouth from opposite the last molar tooth to the symphysis, and the sublingual gland having been turned to one side, the wall of the cyst was exposed. The capsule was opened, and the cyst separated with the finger quite easily from its posterior, external, and anterior connexions. On its inner or deeper aspect the enucleation was less readily accomplished, several prolongations extending among the muscles of the tongue and hyoid bone. In freeing the deeper parts the cyst wall, which up to this time had remained unbroken, was ruptured at its upper part by coming into contact with the teeth. After evacuating the greater part of the contents (pseudo-sebaceous or porridge-like material), carefully preventing any from entering the wound, the whole cyst, with its deep ramifications, was completely removed. There was no hæmorrhage; the wound therefore was not plugged, but only a small piece of oiled lint placed in it superficially to prevent its closing, and a bandage applied to the neck so as to make gentle pressure upon its deeper parts. With the exception of a sharp rise of temperature on the morning after the operation, which rapidly subsided on removing the lint from the wound, the patient convalesced without a bad symptom. The wound was syringed out hourly with a weak solution of carbolic acid (1 in 100), and gentle pressure continued on the neck by means of a bandage. It completely healed in a fortnight, and the patient was discharged at the end of three weeks without a trace of any external swelling in the neck.

The origin of these cysts would seem involved in some

[1] Archiv für Klinische Chirurgie, Band i., 1860, p. 1.

obscurity. In several of the cases quoted by Langenbeck and Gurlt they were attached to the carotid sheath, from or in which they are believed by Langenbeck to grow. In most of the cases the cysts appear to have existed a long time, and in some to have attained a large size. One cyst,[2] which began below the lower jaw, and at first was no bigger than a hazel nut, in ten years grew so large that it extended to the clavicle. In neither of the cases under present consideration had the cyst any connexion with the carotid sheath, nor, as far as I could determine, with either the larynx or hyoid bone. For my own part, I should regard such a connexion rather as accidental—i. e., that the sheath of the vessel or other structures had merely become involved in one or more of the outgrowing processes of the cyst as the latter increased in size and depth. If such be the case, it is a point in favour of their early removal, for in some of the published cases the cyst has been found so intimately attached to the sheath of the great vessels that its removal has involved the excision of an inch or more of the jugular vein; or, in consequence of its relation to the artery itself, the operation has had to be abandoned. Although no general rule of practice can, of course, be drawn from the experience of a single case, I venture to suggest that where, as here, the cyst is freely movable, and can be made easily to project into the mouth, removal through the mouth will be found the best method of treatment. It may, of course, be objected that such a proceeding involves a deep wound with no depending opening, and that it must be attended with considerable bruising and laceration of the surrounding tissues. I think, however, if pus is prevented from collecting in the deep parts of the wound by maintaining a free opening into the mouth, by frequent syringing, and by applying well-regulated pressure to the neck, that, considering the vascularity of the parts, no difficulty need be apprehended in the rapid healing of the wound. The avoidance of an external scar in the removal of such growths is alone, I think, sufficient to render this method worthy of further consideration.

Weymouth-street, W.

THE POISON OF THE VIPER, AND PERMANGANATE OF POTASH.[1]

BY DR. GIUSEPPE BADALONI
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[DR. BADALONI commenced his paper with a short historical sketch of the investigation of the viper poison, from the days of Francesco Redi downwards. Having described the poison apparatus of the viper, he passed on to the chemical nature of the venom, and quoted the analysis of Prince Louis-Lucien Bonaparte, made in 1843, comparing it with Professor Weir Mitchell's analysis of rattlesnake poison, in 1861, as follows:—

Viper poison.	*Rattlesnake poison.*
Echidnin or viperin, the active principle; a yellow colouring matter; a substance soluble in alcohol; albumen, or mucus; fatty matter; chlorides and phosphates.	An albuminoid body, crotalin (the active principle); an albuminoid substance coagulating with heat; a colouring matter, and an undetermined substance, both soluble in alcohol; a trace of fatty matter; chlorides and phosphates.

Echidnin, according to Prince L. L. Bonaparte, had the appearance of a gummy varnish, being inodorous, glistening, and transparent. It detached itself from the watch-glass, when dried, in brilliant scales like those of tannic acid. It was inodorous and without definite taste; it did not redden litmus or turn syrup of violets green; it evolved ammonia when heated with caustic potash; it acted on the blood of animals in the same way as the natural poison; mixed with human blood it darkened its colour and arrested coagulation. The mode of action of the poison on the economy was to exercise a depressing influence on the nerve centres and on the heart. Dr. Albertoni, of Genoa, in 1879, had formulated from his experiments the following results: (1) There was a close relation between the severity of toxic phenomena, the rapidity of the fatal ending, and the blood pressure. (2) When the blood pressure was reduced to about 50 mm., death followed in a few minutes. (3) The blood pressure was always lowered by the action of viper poison. The post-mortem appearances—the multiple hæmorrhagic and inflammatory congestive lesions of the more active and vascular tissues—might be ascribed to the depressed nervous action, or perhaps to the slackening or arrest of the circulation. In 1879 Dr. Jean Baptist de Lacerda, vice-director of the Physiological Laboratory in the National Museum of Rio Janeiro, announced the discovery of organised ferments resembling bacteria in the poison of serpents, and recommended alcohol as an antidote. These organisms Dr. Badaloni had failed to find in viper poison, and on treating the poison with alcohol for twenty-four hours he found its activity in no way diminished. Alcohol, too, had been used by Prince Bonaparte in preparing the echidnin, which possessed all the properties of the viper poison. In 1881 Dr. de Lacerda, abandoning the bacterial view, stated the poison to be a digestive juice analogous to the pancreatic secretion, though far more powerful; and the subcutaneous injection of permanganate of potash in a 1 per cent. solution to be the true and only means of counteracting it. These conclusions, supported by forty experiments, were made public on July 20th, 1881. "The rapidity of the neutralising action of the substance employed as an antidote," Dr. de Lacerda said, "showed itself not inferior to the rapidity of the disturbing action of the poison." In 1882 the same author published a pamphlet containing a series of clinical cases, to the number of forty, in support of his experimental results. The permanganate, he stated in a circular dated Aug. 1st, 1881, should be injected subcutaneously if the poison had been absorbed by the lymphatics from the connective tissue, and into the superficial veins if it had penetrated directly into the circulation. The requisite indications would be afforded by the relative rapidity and intensity of the general and local symptoms. A bandage should be tied above the wound immediately on the accident, and three or four grammes of the 1 per cent. solution injected, if possible in the track of the puncture, stimulants being given meantime to counteract the general depression. To the action of the poison, as described above, Dr. Badaloni said the permanganate was not a *physiological* antidote. Its effects, if any, must be due to its chemical action on fermentative substances. Dr. Badaloni then detailed his own experiments with the permanganate, which were as follows:—]

First Experiment (Sept. 15th, 1881).—3 P.M.: I took a large and mature Vipera aspis just behind the head, and, bringing it against the left side of the upper lip of a large rabbit, made it bite. A few drops of blackish blood oozed from the wound. I made it give a second bite in the middle of the left front paw. After ten minutes I observed the development of toxic phenomena—viz., drowsiness, which quickly passed into somnolence, and slight dilatation of the pupils. A little later a slight degree of meteorismus presented itself, and the head, as if left to itself, fell on one side as though the animal were oppressed by deep slumber. After fifteen minutes of this pathological condition I made an injection with a Pravaz' syringe of a gramme of the solution, inserting the needle into the areolar plane above the right shoulder, close to the neck. The rabbit seemed little relieved and soon fell into a lethargic state anew. After the lapse of twenty minutes more I made it walk, but it did not keep its feet and fell. A fresh injection of a gramme. No amelioration; on the contrary, after ten minutes, extreme dilatation of the pupils, followed by convulsions, violent though very short, and death. Although the antidote was not injected in the actual seat of the wound, yet in thirty minutes it should have been able to act on the poison and prevent death. An hour later Dr. Walter Battistini, veterinary surgeon, made the post-mortem examination, from which I quote the following:—Heart dilated, flaccid, free from clots. Blood dark and very fluid, slow to coagulate. Hyperæmia of the mucous membrane of the stomach with a number of submucous hæmorrhagic puncta. Intestines, especially the small, extremely injected, with hæmorrhagic puncta. Mesentery the same. Lungs, liver, spleen, and kidneys normal. With electricity, contraction of all the muscles.

Second Experiment (Sept. 23rd, 1881). — 4.16 P.M.: The same viper used on the 15th was applied to the right side of the upper lip of a large and healthy rabbit. Anal

[2] Naegele: Brünninghausen, Ueb. d. Exstirpat. d. Balggeschwülste am Halse (s.a. 239), s. 51.

[1] Communicated to the Medical Society of London, in an English Translation, on April 16th, by Dr. Isambard Owen.

temperature 39·7° C. (103° F.). — 4.40 P.M.: Bitten by the viper. — 4.45 P.M.: Symptoms of poisoning. — 4.47 P.M.: Injection of one gramme in the areolar tissue close to the neck. Temperature 39·4°.—5 P.M.: A second injection of a gramme in the same place. — 5.37 P.M.: Temperature 38·1°. — 6.20 P.M.: Temperature 37·2°. — The rabbit remained for several hours in a state of prostration and apathy, but not of severe depression. After a time it recovered strength progressively, and after twelve hours the temperature regained the normal.

Third Experiment (Sept. 27th, 1881).—2.45 P.M.: A young Vipera berus was made to bite the upper lip of the rabbit that had been used in the preceding experiment. Temperature 39·5° C. — 2.50 P.M.: Bitten. — 2.58 P.M.: Somnolence. —3.35 P.M.: Temperature 38·6°. — 4.30 P.M.: Temperature 37·4°.—This time I made no injection at all of the antidote, so as to see if the temperature followed the same curve. In the result the thermometer at 5.28 P.M. marked 36·1°. I left the animal to itself, and when I visited it the next morning it was a little slow in its movements, as in the preceding experiments, but the temperature was restored to the normal.

Fourth Experiment (Nov. 12th, 1881). — 2.40 P.M.: The rabbit of the preceding experiment was bitten on the right side of the upper lip and on the left hind leg by two Viperæ aspides, which had fasted for more than a month. Anal temperature 39·8°.—2.45 P.M.: Bitten by one viper.—2.55 P.M.: Temperature 38·7°; loss of urine; somnolence.—3.10 P.M.: Bitten by the other viper; loss of urine; somnolence.—3.15 P.M.: Temperature 38·7°; loss of urine; somnolence.—3.25 P.M.: Temperature 38·5°.—3.40 P.M.: Symptoms aggravated. Three grammes of the antidote injected into the actual seats of the wounds. — 3.45 P.M.: Temperature 37·5°. Sleep and difficulty of walking more marked. A second injection of the solution of permanganate. — 3.50 P.M.: Temperature 37°. — 4 P.M.: Dilatation of the pupils.—4.7 P.M.: Temperature 35·6°. A fresh injection of a gramme. The pupils more widely dilated. Somnolence passing into the comatose state. — 4.30 P.M.: Temperature 35·5°.—5.10 P.M.: Temperature 35·2°. Same symptoms. —6.40 P.M.: Temperature 34·5°; insensibility; eye motionless; extreme dilatation of the pupils.—10.15 P.M.: Temperature 35·3°; pupil less dilated and somnolence less; movements easier. The temperature went on rising till, the following morning, though the animal refused food, it had normal agility in its movements.

Recapitulation.—In the first observation two grammes of the antidote were injected, and the animal died in about an hour. Similarly in the second, where death did not occur, the temperature went continuously down as low as 37·3° C. In the third, without any solution of the permanganate having been injected, the temperature fell to 36·1°, and in the sequel the active power of the poison was weak and unable to produce death. In the fourth, while it is an important point that the notable lowering of the temperature was the effect of the poison of *two* vipers, five grammes of the antidote were injected without obtaining any benefit. On the contrary, the temperature was reduced to 34·5° an hour and a half after the injection of the last gramme. If permanganate of potash neutralised the action of viper poison, the temperature of the wounded animal, instead of going down, ought after its application, if not to rise, at least to remain stationary; not therefore to fall as far as from 39·8° to 34·5°, or through five degrees and three tenths. Thus the cases that did not end fatally presented a constant lowering of bodily temperature, which, in spite of the injection of the antidote, continued decreasing until death seemed impending.

I then made another series of experiments on smaller animals—viz., mice (*Mus musculus*), to eliminate the doubt that in the previous experiments death failed to occur by virtue of the antidote, not owing to the enfeebled power of the poison.

1. On Dec. 13th, 1881, at 1.50 P.M. I took a mouse weighing 90 grammes and submitted it to the bite of a Vipera aspis on the right hind leg. Immediately I injected two grammes of the solution of permanganate of potash at the same spot. Ten minutes later all the symptoms of poisoning showed themselves severely, and not only did I obtain no amelioration whatever, but the animal succumbed amid convulsions in another thirty-four minutes. The postponement of death for three-quarters of an hour in a little mouse, which in summer falls a victim in from five to seven minutes, at the same time convinced me of the feeble power of the poison when the temperature of the air is cold, and gave confirmation of the inefficacy of the remedy used, all the more as, if four grammes of the antidote sufficed for a man, two should be more than enough for a mouse. Cadaveric rigidity showed itself four hours after death, to disappear thirty-six hours later. The point of injection was in the areolar tissue between the thigh and the abdomen; the liquid had been absorbed and the colour of the neighbouring tissues was everywhere dark from the injection of the solution of permanganate. But the objection might be raised, was it not the two grammes of the solution of permanganate that, by undue intensity of action, caused the death of the mouse rather than the poison of the viper? On the 17th of the same month I took three other large mice. Before commencing further experiments it was necessary to irritate strongly my vipers, in order to arouse them in some degree from the lethargic state, and I should remark here that the atmospheric temperature had fallen to the freezing point.

2. I caused the first mouse to be bitten on the right leg by a well-grown Vipera berus, and at once injected a gramme of the antidote by the actual opening made by the tooth. Symptoms of slight poisoning quickly appeared, but of short duration, and in half an hour the little animal appeared as lively as before.

3. I did the same to the second mouse, with identical result.

4. I placed the third mouse inside a basket, in which I kept four vipers of different sizes and ages. As soon as they saw themselves in company with a mouse, an animal for which they display the most unbridled hate, they erected their heads and quivered convulsively, emitting prolonged and frequent hisses. Each held its mouth wide open, and waited in readiness for the mouse to move to attack. In fact, after a few movements of the unfortunate stranger, which was endeavouring to flee, all the vipers launched furious blows at it, and their heads fell like hammers on the body of the wretched mouse, which now squealed, now shunned the blows, and now, shrinking and trembling, seemed to seek to calm the anger of its enemies, as if suing for peace. The strife lasted some time, and peace only returned after I removed the poor animal from the cage. It had received no less than eight bites. I did not inject any dose of antidote into this last mouse, which I attentively watched. It kept quieter than the others. Its movements were less agile and more sluggish. It sought neither to flee nor to hide itself, and seemed much prostrated in power. These symptoms lasted for little more than a quarter of an hour, only half the duration of the symptoms in the two preceding experiments, at the end of which time it had returned to its original condition.

From the sum of these experiments of mine three points should remain proved—(*a*) That the poison of the viper in the cold season exercises an action almost *nil* on even the most delicate organism. In fact, the experiments practised on days successively colder gave results relative to the level of the atmospheric temperature. (*b*) That the permanganate of potash is incapable of neutralising the action of viper poison, since the symptoms, instead of improving after the hypodermic injections, followed all the phases of poisoning. (*c*) That if death did not actually occur, it was only from lack of power in the poison, and not by virtue of the antidote.

[To these experiments Dr. de Lacerda had objected—(1) That in such small animals absorption of the poison would take place too rapidly for the antidote to reach it in time; (2) that the injection should have been made *immediately* after the bite, as the permanganate neutralises the poison only if brought into contact with it before it is absorbed; (3) that Dr. Badaloni had not measured the *amount* of poison injected. To these objections Dr. Badaloni replied—(1) That, small as the animals were, the effects of the poison were very prolonged, leaving ample time for the action of the antidote. (2) It remained to be shown that the action of a purely chemical antidote would be exercised only in the seat of, and immediately after, inoculation; and, furthermore, immediate injection in the track of the bite was practised in the case of the mice without any apparent result. (3) The measurement of the poison was unnecessary in experiments of a merely qualitative character. To the experiments of Vincent Richards, cited by Dr. de Lacerda, Dr. Badaloni opposed those of Sir Joseph Fayrer, described in "The Thanatophidia of India," the results of which were purely negative.

Professor Mantegazza had called in question Dr. Badaloni's

assumption of the identity of the chemical nature of the viper and rattlesnake poisons, founded on Prince L. L. Bonaparte's analysis, made so far back as 1843. But Professor Weir Mitchell's parallel investigation, on which he relied as well, Dr. Badaloni replied, was made at a much later date (1861) and came to precisely similar results. Prince Bonaparte's work had, further, been cited by Poggiale in 1869 as being in advance of Mitchell's. Considering the purely qualitative nature of these analyses, he considered himself justified in relying upon them, and he believed the two poisons to be in every way identical, as De Lacerda himself admitted; the greater virulence of the Crotalus being due to the amount of poison which it is capable of injecting.

Whatever value should be given to the experiments made with permanganate of potash by different observers up to the present date, the question of an antidote to viper poison remained unsolved, for this substance had not yet answered the expectations of European experimenters as it had in the hands of Dr. de Lacerda.]

SPINAL MENINGITIS IN A CHILD FOLLOWING SPINAL CONCUSSION; RECOVERY.

BY WILLIAM HENRY DAY, M.D.,
PHYSICIAN TO THE SAMARITAN HOSPITAL FOR WOMEN AND CHILDREN.

M. T——, aged twelve, a well-made, healthy-looking girl, was admitted into the Samaritan Hospital, Nov. 18th, 1881, suffering from the effects of concussion of the spinal cord. Three months before admission she jumped, it was said, from the top of a heap of dirt, and on touching the ground struck the lower part of the spine, directly over the sacrum, her feet turning upwards at the same time, as she glided some distance along her back. I think there is little doubt, from what the girl said, that she was stunned at the time of the accident, as she was told she did not answer in reply to questions put to her. This is an interesting point, as in violent falls on the lower end of the spine the brain sometimes suffers from slight concussion. With the assistance of two school-fellows she got up, and was led home with difficulty. She suffered sharp pain over the seat of the accident, but, after remaining in bed two days, she resumed attendance at school. After two days as she could not sit up without pain at the bottom of the back, she gave up attempting to walk, and took to her bed till the time of her admission into hospital. On examination there was a distinct fulness over the sacral region, and the coccyx was tender, though on insertion of the finger into the rectum no fracture or dislocation of that bone could be detected. The whole spine was curved, owing no doubt to the position she had assumed in bed. She complained of pains down both legs; there was an inclination to draw them up, and there was a sensation of pins and needles, as if they were going to sleep. The patient walked with the face looking to the ground, the shoulders and head bent forward, and the nates prominently projected. On applying a needle to the legs, sensation in the right limb was much less than in the left. It was not recognised at four inches and a half apart as two pricks; in the left it was recognised at two inches. The temperature was normal, the tongue clean, the pulse quiet, and the bowels were regular. The urine was of a pale straw colour, alkaline, sp. gr. 1020. The child was kept in bed, a light nutritious diet ordered, and the following draught was given three times a day:—Iodide of potassium, two grains; tincture of belladonna, five minims; compound tincture of cinchona, half a drachm; to half an ounce of water.

On Dec. 1st Mr. William Adams was kind enough to see the patient and to report that the case appeared to be a genuine example of spinal concussion, followed by inflammation of the membranes, which might extend to the substance of the cord, but as yet there was no myelitis. He recommended repeated small blisters to the spine in the lumbar region, reaching as high as the eighth dorsal vertebra, so as to relieve congestion about the lumbar enlargement, and a moderate amount of counter-irritation kept up. He thought absolute rest in bed with this for a few months would arrest further mischief. Mr. Adams further wrote, "I believe you are quite right in suggesting chronic inflammation with effusion, and the case should be very carefully watched for a long time, as possibly Pott's disease of the spine may become developed, or paralytic symptoms, preceded by pain; starting and drawing up of legs may show the extension of inflammation to the substance of the cord. Special symptoms were well marked at the time of the fall, as she could not get up, and was obliged to be carried home."—Jan. 20th, 1882: She is better, and makes no complaint of tingling in her legs; the puffiness and tenderness at the lower end of the back are less, but she cannot lie straight in bed. Urine clear, acid, non-albuminous. The blistering was repeated.—Feb. 10th: Has greatly improved since last report. She moves more easily in bed, and the pain and puffiness in the back are less. There is still some tenderness over the lower lumbar and sacral region, and she complains of occasional sensations of pins and needles, chiefly in the right leg. The medicine was omitted.—March 3rd: During the last week she has been walking about the ward for a short time; she is more upright, and the sensation of pins and needles has departed.—March 19th: She left the hospital with instructions to be kept lying on her back for three months.—Jan. 1883: A report from her friends reached me that she laid on her back as directed for three months, and then went to school. She is quite straight, and can walk well without limping, or feeling pain in her back or limbs. No spinal support has been worn throughout. No one would know from her gait that her back had been affected.

SEVEN CASES OF COLOTOMY, WITH REMARKS.

BY GEORGE ELDER, M.D.,
SURGEON TO THE HOSPITAL FOR WOMEN, NOTTINGHAM.

CASE 1.—Three years ago I saw in consultation a case of absolute intestinal obstruction due to malignant disease of the rectum, when colotomy was advised and performed with the result of giving immediate relief to the patient's suffering and prolonging life for thirteen months. During the last two years six other cases have occurred in my own practice, of which the histories are briefly as follows:—

CASE 2.—The patient was a woman, between thirty and forty years of age, suffering from syphilitic stricture and ulceration of the rectum. As a hospital out-patient she had had both general and local medical treatment without avail, and with the view of diminishing the intensity of her sufferings, if nothing else, the operation was performed on Jan. 29th, 1881. Three weeks subsequently she was discharged—a gainer in comfort, flesh, and strength. From time to time she appears amongst my out-patients, very different from the prematurely old-looking, suffering woman of two years ago.

CASE 3.—On Feb. 10th, 1881, I performed colotomy upon a woman with a recto-vaginal fistula due to syphilitic diseases; an opening into the descending colon was made. The exceeding debility of the patient, induced by a recent acute illness, made the case a very unpromising one; but the loathsome nature of her rectal disease, with its ever-present depressing effect upon her, decided me to operate. Her recovery was fairly good, and on March 16th she left the hospital, entirely relieved of her sufferings. On Dec. 9th of the same year she died, as I was informed, from exhaustion due to the original disease.

CASE 4.—On February 17th, 1881, left colotomy was performed upon a lady from Sheffield who had been under me at various times for several years suffering from many of the phases of syphilis. Mercury locally and constitutionally, the iodides in very large doses (one drachm and a half daily), medicated bougies, &c., had been long and fairly tried, until at length her sufferings from the constant tenesmus became so intense that she implored me, even at the risk of losing her life, to relieve her. Fifteen days after the operation she was able to undertake the journey home, and in a letter which I had from Mr. Pye-Smith of Sheffield (to whom the patient applied last year to have the artificial anus closed because of its discomfort), he informed me that before making this attempt the rectum was examined, and the ulceration by lapse of time and absence of fæcal irritation was found to have healed. He concludes his letter by saying that doubtless her life has been prolonged and pain alleviated by the colotomy.

CASE 5.—On May 19th, 1881, I performed the operation on a male with malignant rectal disease. The local distress had caused him to seek relief. Fifteen days after the operation the patient returned to his home, ten miles off, and when heard of last summer he was following his occupation of engine tenting, and although feeling acutely the disagreeables incident to an artificial anus, still free in a great degree from the distressing and almost constant bowel pains.

CASE 6.—On June 9th, 1882, in a case of pelvic tumour, which had developed malignancy, and almost entirely occluded the bowel, I formed an artificial opening. The patient had become so exhausted from the local distress, coupled with the ravages the disease had inflicted on her general nutrition, that when the operation was agreed to death seemed imminent. The shock of the operation almost killed the patient, and although she lived for sixteen days perfectly freed from pain, still the wound never put on healing action.

CASE 7.—Four days after the above case, I again did the operation on a woman between sixty and seventy years of age for malignant rectal obstruction. Her recovery was uninterrupted and rapid, and relief from suffering most marked. The other day she called on me, grateful for what had been done for her.

Remarks.—Up till date these seven cases complete my experience of colotomy. In all the left lumbar operation was performed and the incision was oblique, running from the margin of the last rib across the quadratus lumborum to and in front of the anterior superior iliac spine. No particular difficulty was experienced in any of my cases, and the loss of blood was but trifling. In one instance a fold of subperitoneal fat so simulated the flaccid bowel that I had actually transfixed it before finding out my mistake. There is a danger of making the incision too far forward. This I did in Case 6, and in consequence wounded the reflected peritoneum, but no harm was done the patient thereby. Carbolised catgut was used in my first two cases to fix the edges of the opening to the skin, but because of its solution before firm union had taken place it was abandoned for Chinese silk. Colotomy is not practised so often as it ought to be. By diverting the fæces and so giving rest to diseased parts it may be directly curative in its action, as illustrated by Case 4. For such cases its more general adoption would prove a great gain in the treatment of cases which otherwise are intractable to treatment. The repugnance which patients frequently manifest even at the thought of such an operation would in great measure be removed when the temporary character of the artificial opening was explained, and the strong reasons for its production. When cure is altogether out of the question, owing to the malignant nature of the disease, we can replace intense, even in many cases incessant, pain by comparative comfort, and, unless the operation is delayed too long, prolong life. This is abundantly shown in the cases above recorded, and by an operation the mortality from which is very small. If patients suffering from malignant disease were seen sufficiently early, a combination of colotomy, as a temporary measure until healing of the parts had taken place, and excision of the diseased portion of bowel would offer the best chance of ultimate recovery. But unfortunately such patients as a rule come too late.

Nottingham.

A RAPID METHOD OF DEMONSTRATING THE TUBERCLE BACILLUS WITHOUT THE USE OF NITRIC ACID.

BY HENEAGE GIBBES, M.D.,
CURATOR OF THE ANATOMICAL MUSEUM, KING'S COLLEGE.

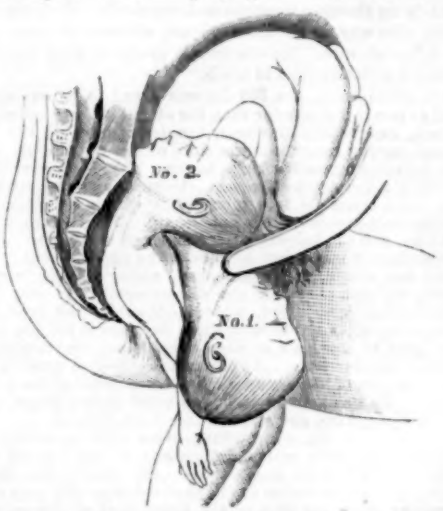
THE following method, which I have used for some time with great success, will I think prove useful to those requiring the demonstration of the tubercle bacillus for diagnostic purposes in a rapid manner. The great advantage consists in doing away with the use of nitric acid. The stain is made as follows: Take of rosanilin hydrochloride two grammes, methyl blue one gramme; rub them up in a glass mortar. Then dissolve anilin oil 3 c.c. in rectified spirit 15 c.c.; add the spirit slowly to the stains until all is dissolved, then slowly add distilled water 15 c.c.; keep in a stoppered bottle. To use the stain: The sputum having been dried on the cover-glass in the usual manner, a few drops of the stain are poured into a test tube and warmed; as soon as steam rises pour into a watch-glass, and place the cover-glass on the stain. Allow it to remain for four or five minutes, then wash in methylated spirit until no more colour comes away; drain thoroughly and dry, either in the air or over a spirit-lamp. Mount in Canada balsam. The whole process, after the sputum is dried, need not take more than six or seven minutes. This process is also valuable for sections of tissue containing bacilli, as they can be doubly stained without the least trouble. I have not tried to do this against time, but have merely placed the sections in the stain and allowed them to remain for some hours, and then transferred them to methylated spirit, where they have been left as long as the colour came out. In this way beautiful specimens have been made, without the shrinking which always occurs in the nitric acid process. The stains may be procured from Messrs. R. and J. Beck, 68, Cornhill, E.C., either in crystals or in solution, ready for use.

AN INTERESTING MIDWIFERY CASE.

BY FRED. C. CORY, M.D.

A SHORT record of the following complex case of midwifery may be interesting to the readers of THE LANCET.

A poor woman (multipara), the wife of a mechanic, was being attended by an uncertificated midwife for two days prior to my seeing the case. I could not get from this woman any clear statement of how such a condition of things had taken place. She was confused in her mind, having a constant craving for stimulating her nerve centres, which rendered her incapable of answering any questions, or even taking care of herself, much more of the patient. Of course this votary of Bacchus was very quickly dismissed from her post. The accompanying woodcut presents a rough



sketch of the position of each child in and out of the uterus, as far as I could ascertain by their external appearances. These children were in a high state of hæmic congestion, amounting almost to blackness. The child whose head was expelled, and whom I shall for the sake of distinction call No. 1, had the face towards the maternal pubes, the chin resting thereon, with its neck pressed closely under the arch by the back and shoulders of No. 2; the body was above the brim. No. 2 had the body from the arms and shoulders downwards expelled; the chin of this child rested on the brim of the maternal pelvis by the right sacro-iliac synchondrosis, the occiput impinging on the upper edge of the pubis to the right of the symphysis. The greatest difficulty was experienced in getting the index-finger upwards, so that

I could make out the different positions of the children. I think their relations to each other will be fairly represented in the rough drawing, although the neck of No. 2 was more elongated than is shown in the sketch. The woman was much exhausted by her long and continued efforts, begging to be helped out of her difficulty. I gave her some brandy with an egg well whipped up, which soon had the effect of improving her pulse, and cheering her with a few encouraging words of speedy help, for her spirits were much depressed by the midwife telling her she could not possibly live or get over it. I had great difficulty in introducing the perforator between the two bodies up to the occiput of No. 2, and perforating the head, when, by drawing down the shoulders during the acme of a pain, the head passed into the cavity of the pelvis, and was soon expelled. The body of No. 1 quickly followed. The placenta was easily thrown off, and the uterus contracted well, there being little or no hæmorrhage. The poor woman was thus freed from her peril, and made a good recovery.

Buckhurst Hill.

A Mirror of HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

DISLOCATION OF THE HIP-JOINT BACKWARDS; REDUCTION BY MANIPULATION; REMARKS.

(Under the care of Mr. RIVINGTON.)

GEORGE W——, aged twelve, was admitted on March 23rd, 1883. He had been running, and suddenly slipped and fell, his left leg shooting forwards and outwards. He felt something give way at his left hip-joint, and was in great pain for a few minutes. He was unable to rise or walk, and was brought to the hospital in a cab.

On examination, the left leg was found to be one and a half to two inches shorter than the other. It was adducted, flexed, and rotated inwards, the lower part of the left femur passing over the lower third of the right femur, and the toes resting on his right instep. There was very little mobility; the trochanter was elevated, and the head of the bone could be felt some little distance behind the acetabulum and below the dorsum ilii. Mr. Rivington was sent for, and the lad was placed under an anæsthetic. The senior dresser was asked to reduce the displacement. The thigh was flexed on the abdomen, adducted, and brought down without effect on the displacement. It was then flexed, slightly abducted, rotated outwards, and extended, care being taken not to carry these movements too far, when the head of the bone at once slipped into the acetabulum with an audible snap. A splint was applied to prevent the reproduction of the dislocation, and was retained for a fortnight. He was kept in bed for a week or two longer, then allowed to get up, and was soon discharged cured.

Remarks by Mr. RIVINGTON.—This case illustrates the great facility with which dislocations of the hip are produced when the leg is abducted. Mr. Morris has shown that the direction which the head of the bone will take after escaping from the rent in the lower part of the capsule depends upon what may be termed the secondary postures. If the thigh is flexed and rotated inwards, a backward displacement will result; if extended and rotated outwards, a forward displacement is produced; and if extended without rotation, the displacement will be in the downward direction. What was the exact disposition in the present case was not clear from the description of the patient. It is probable that Mr. Morris's views in regard to the production of dislocations at the hip during abduction will receive strong support from cases occurring at an early period of life. One case of dorsal dislocation in a lad of seven, whose foot slipped backwards and outwards in walking, he has recorded in his paper in Vol. lx. of the Medico-Chirurgical Transactions; and I find an instance of thyroid displacement related by Mr. Russell in the *British Medical Journal* for Nov. 2nd, 1878, as occurring to a lad of fourteen. The youth, W. B——, was playing at football and jumped on the back of a playtellow, when they both came to the ground. W. B—— alighted on his feet, but they slid asunder, and the dislocation downwards was produced. The case further shows the ease with which properly directed manipulation will reduce an ordinary dislocation in which the capsule is freely torn below. The great point to attend to in reducing sciatic and thyroid displacements is not to carry the manipulations too far in any direction, as these forms of dislocation are readily convertible into each other. Bigelow recommends the conversion of the obturator into the dorsal displacement, which is easy of reduction. This conversion occurred in Mr. Russell's case involuntarily, and in a case of my own, reported in THE LANCET, Sept. 7th, 1878, when I was trying to avoid it. The dorsal displacement is much less likely to be transformed into an obturator displacement than the obturator into the dorsal; and I have not seen it occur in any of the cases which have come under my observation.

GLASGOW ROYAL INFIRMARY.

THREE CASES OF DISEASE OF THE STOMACH AND INTESTINES.

(Under the care of Dr. MATTHEW CHARTERIS.)

WE are indebted to Dr. James McNish for the following notes:—

CASE 1.—John McN——, aged forty-two, a labourer, was admitted on October 2nd, 1882, complaining of pain, with tenderness on pressure, in the epigastrium, and vomiting. The pain was most severe at a point about two inches to the right and one inch and a half above the umbilicus. The symptoms first appeared three months before admission, and had gradually increased in severity. At first they were those of simple indigestion, heartburn, &c.

On admission the patient was pale and emaciated, but not distinctly cachectic, and his countenance bore an anxious and pinched expression, indicative of abdominal trouble. No tumour or induration could be made out, but there was very considerable tenderness on pressure over the area mentioned above. He vomited frequently after food, and this seemed to some extent to alleviate the pain. The vomited matter consisted of a brownish sour fluid, which the patient said had a very disagreeable taste. The bowels were constipated, never acting without the aid of purgatives or enemata; the appetite was bad; the tongue coated with a thick white fur on the dorsum, but red and glazed at the tip and edges, showing also signs of indentation by the teeth. On exertion the patient suffered considerably from dyspnœa, but on examination the lungs and heart were found to be healthy. On October 10th and 11th he had severe attacks of hæmatemesis, which weakened him a good deal. From this date he gradually sank, and died on October 22nd. The treatment consisted of the use of aperients and enemata to overcome the obstinate constipation, sedatives internally and externally to relieve the pain, and the subcutaneous use of ergotine to arrest the hæmorrhage.

Necropsy, forty-four hours after death.—The smaller curvature of the stomach was found to be firmly adherent to the under surface of the liver; the latter organ being firmly united to the diaphragm, so that it was with difficulty separated from it. At the point where the stomach was most adherent to the under surface of the liver—viz., immediately to the left of the longitudinal fissure—there was a transverse constriction of the former organ, not sufficient, however, to divide it into two distinct parts. The pyloric end of the stomach was greatly distended, and the cardiac orifice of the œsophagus was approximated to the pylorus, as a result of contraction of the lesser curvature. The explanation of the approximation was that there was a large deep ulcer on the smaller curvature corresponding to the point at which the outer wall of the stomach was adherent to the liver. Close to the left edge of the ulcer there were two small openings, which on examination were found to be the open ends of bloodvessels. The floor of the ulcer was covered with small, soft, elevated nodules, which, on being examined with the microscope, were found to be purely inflammatory in nature, without a trace of malignant disease, being composed of cicatricial tissue and without evidence of recent ulceration.

CASE 2.—Duncan C——, aged forty-three, a brassfounder, was admitted on Dec. 8th, 1882, suffering from obstinate constipation, pain, and tenderness in the epigastric region, with loss of flesh and extreme weakness. According to the statement of the patient (who, it may be mentioned, took large quantities of alcohol, and had done so for years) he had suffered for a considerable time from dyspeptic symptoms, although not severely, and twelve months before admission he commenced to vomit about an hour and a half after food, more especially if he had taken a hearty meal. This occurred almost daily for a time, but latterly he had been able to retain his food for two or three days without vomiting. The food, he said, never seemed to leave the stomach, but accumulated, causing considerable inconvenience from distension and flatulence; and at the end of two or three days he would vomit a large quantity of a dark-brown fluid, which vomiting was followed by relief of the pain. The vomited matter, upon examination, was found to contain sarcinæ and torulæ in abundance. His previous history as regards health was good, and the only point in the family history which would be of importance in the case was the fact that a sister had died of cancer of the womb.

On admission the patient was found to be weak and emaciated, with a haggard and anxious expression. The abdomen appeared retracted in the hypochondriac and epigastric regions, but below these it was distended and highly tympanitic. On palpation gurgling was felt all over the abdomen, with great tenderness in the epigastric region, more marked at a point midway between the umbilicus and ensiform cartilage. No tumour or induration could, however, be made out. The patient gradually sank and died, after having suffered great agony, on Jan. 16th, 1883.

The treatment consisted of nutritive enemata, eight ounces of beef-tea being exhibited three times daily. To neutralise the acid eructations and prevent fermentative changes in the stomach the hyposulphite of soda was given in fifteen-grain doses thrice daily. To allay the pain, hypodermic injections of morphia were given. During the last fortnight he took a little sago by the mouth, which caused vomiting upon one occasion only.

Necropsy, twenty-four hours after death.—The stomach and intestines were found matted together with recent lymph. The walls of the stomach were greatly thickened, and the organ itself was much distended. At the pylorus, and extending backwards for about an inch and a half, there was a large irregularly shaped ulcer, bridged over at one part by a band of mucous membrane about a quarter of an inch broad. Close to the valve there was great thickening of the walls of the stomach, so that the orifice was almost closed. On microscopic examination of a section, taken from a tumour at the orifice of the pylorus so as to include a portion of the duodenum, there were found evidences of recent inflammation. The tumour seemed to be composed almost entirely of muscular tissue, the fasciculi of which were separated by collections of round cells in some parts, and in others by cells closely resembling those met with in myxomata. The inner surface of the tumour was lined by an irregular layer of tissue formed of spindle cells and large stellate cells embedded in a very abundant homogeneous matrix. This tissue seemed to have replaced the mucous membrane, as only at one or two points was there any evidence of an epithelial layer, and it is a point worthy of note, that in the tumour itself, even at its thickest part, where it measured fifteen millimetres, there was no trace of epithelial cells.

CASE 3.—Wm. B——, aged forty-seven, a tailor, was admitted on Oct. 14th, 1882, complaining of pain in the whole abdomen, more severe, however, in the left iliac and supra-iliac regions. The commencement of his illness dated twelve months back, when he became constipated, dyspeptic, and experienced pain in the abdomen. These symptoms gradually increased in severity.

On admission he was found to be emaciated and anæmic, with poor appetite, constipated bowels, and a constant gnawing pain in the abdomen, increased to some extent on pressure and movement. The abdomen latterly became markedly distended and tympanitic. During the last five weeks of his life the patient vomited frequently, the vomited matter being of the nature of coffee grounds, but without sarcinæ and torulæ. He only took small quantities of milk and beef-tea. To allay the sickness iced lemonade was given. During the last three weeks of the illness he had no passage from the bowels except of flatus. To relieve the obstinate constipation, castor oil, croton oil, and two turpentine enemata were used in succession, but without effect. A remarkable circumstance in the case is that for the last fortnight the patient was free from pain.

Death took place on Nov. 4th, 1882.

Necropsy, sixty-one hours after death.—At the upper part of the sigmoid flexure the bowel was found to be completely occluded by a large cancerous mass, which protruded into the neighbouring part of the bowel. On opening the bowel a fungating mass was found about the size of a small orange. The growth itself was narrower at the base than at the parts beyond, so that the part of the tumour away from the bowel overlapped the adherent portion. The bowel below the tumour was contracted, while that above it was distended. The liver weighed fifty-eight ounces, and was studded with secondary cancerous nodules. On a microscopic examination of the tumour being made, it was found to present the characters of soft cancer. The stroma was very small in amount, while the epithelial cells were unusually abundant.

ST. VINCENT'S HOSPITAL, DUBLIN.

TWO CASES OF ACUTE RHEUMATISM RAPIDLY CURED BY LARGE AND FREQUENTLY REPEATED DOSES OF SALICIN.

(Under the care of Dr. QUINLAN.)

FOR the report of the following cases we are indebted to Mr. Kenna, resident surgeon.

CASE 1.—Joseph G——, aged twenty-three, single, a grocer's assistant, of delicate appearance, admitted on April 10th, stated that about two years ago he had an attack of rheumatic fever, not so severe as the present, for which he was under treatment for three weeks.

On admission he had been ailing for three days, and his wrist, shoulder, ankle, and knee-joints were red, swollen, painful, and immovable. His tongue was yellowish-white; there was slight acid diaphoresis. Pulse strong, bounding, 98; temperature 100° F. The bowels were confined. There were no cardiac complications. He was ordered forty grains of salicin in milk every hour, beginning at noon. At 8 P.M. the pain in the affected joints was much reduced; there was free acid perspiration. As he had not slept for the last three nights, he was ordered fifteen grains of hydrate of chloral, with thirty grains of bromide of potassium. To continue the salicin every hour if not sleeping.

April 11th, 9.30 A.M.: Patient had slept from 10 P.M. till 6 A.M. this morning. Had taken five doses of salicin since last visit. No pain in any of the joints. Temperature 100·2° F.; pulse 98. To continue the forty grains of salicin every hour.—12 h: Perspiration ceased. No pain in joints. Pulse 82; temperature 98·4° F. Slept well without anodyne. To continue the salicin (forty grains) every second hour.—13th: Slept well during the night. Pulse 78; temperature 98·4° F. The bowels were moved naturally.—14th: Limbs free from pain, and can move the joint freely. Skin natural; tongue clean. Pulse 74; temperature 98·4° F. Beginning to feel hungry. To continue the salicin every fourth hour.—15th: Convalescent. Pulse and temperature normal. To continue the same dose of salicin three times a day. Full diet.

This patient will probably be up and walking about in three or four days; and back at his work in eight or ten.

CASE 2.—Catherine C——, aged forty-two, married, a strong, well-nourished woman, was admitted on February 23rd. She had been ill for four days. The tongue was white; skin dry; pulse 120; temperature 101·4° F. Both knees, along with left hand and wrist were swollen, hot, painful, and immovable. Ordered thirty grains of salicin every hour, beginning at 11 A.M. This was to be continued until the evening visit; but it was ordered that, if the temperature did not diminish by the third dose, the quantity was to be increased to forty grains. At 5.30 P.M. the temperature was down to 100° F., and the pain was nearly gone. To continue the thirty grains of salicin every second hour. As she slept pretty well during the night this could not be done regularly. The quantity, however, was given.—24th: Much better; pulse 94; temperature 99·2° F. All pain gone. To continue the salicin every second hour.—25th: All fever gone; pulse and temperature normal. Joints still swollen, but quite movable and painless; appetite returning. The salicin to be taken every fourth hour.—

26th: Convalescent. The articular swelling reducing. Ordered salicin (thirty grains) three times a day. Full diet.

March 2nd: Up in the afternoon. The salicin twice a day.—7th: Quite recovered. To continue the salicin once a day for the purpose of preventing relapse.

Remarks by Dr. QUINLAN.—These two cases are offered in the hope that they may aid in promoting the treatment of acute rheumatism by large and frequently repeated doses of salicin, increased boldly until their action beats down the temperature, lowers the pulse, and reduces articular pain. It cannot be too often impressed that the practice of giving salicin in small and distant doses (say fifteen grains every third hour) is simply useless, and too often only serves to give time for cardiac complication. The essential difference between salicin, the natural product of the willow root, and salicylic acid, the artificial phenol derivative, is that while the latter too often sickens even in moderate doses, you can give almost any quantity of the former. For instance, in the case of the woman C——, it was suggested to me, in March last, that the thirty or forty grain doses of salicin might not be quite safe, and I accordingly determined to try what was the largest dose that could be given. At this time this woman was taking thirty grains of salicin once a day to prevent relapse; and I directed that this quantity should be increased by five grains daily until further orders. This was done, and consequently on Saturday, March 24th, she took eighty grains of salicin at one dose. As this quantity was beyond anything I have seen required in the very worst cases of rheumatic fever, I did not think it necessary to increase it, but simply repeated it on the 25th, 26th, and 27th, without any inconvenience to this patient, who had been detained in hospital for this inquiry much longer than the case required. I have since seen a statement by Korczynisky (Przegl. Ad. Lekarsk., 9, 13) that, as an anti-pyretic, salicin can be given to adults in doses of from six to ten grammes (90 to 150 grains). I do not doubt that this could safely be done, but it will hardly be necessary. The forty-grain doses every hour will be found sufficient, and it is likely that in 150-grain doses much of the drug would pass off from the bowels with little, if any, physiological action. Salicin in very large doses is most easily taken by stirring it into a hock glass of milk, which the patient rapidly swallows before it has time to settle down from its suspension. It may also be taken in wafer paper, or even in water, but in this case the bitter flavour is felt. It should always be taken on an empty stomach; after food it often occasions nausea and tinnitus. Its value in acute rheumatism cannot be over-estimated, and should the physician get hold of the case early he will likely be able to conquer it before there is time for cardiac complication, so apt to leave enduring mischief behind it. Salicin is very cheap, its retail price being under one shilling per ounce, and it can be extracted from the bark and green shoots of the willow (at present to be had in any quantity) by a simple process given in Cooley's Cyclopædia, vol. ii., p. 1447. A drop of solution of salicin placed under the micro-polariscope exhibits, with the aid of the selenite stage, a very beautiful display of kaleidoscopic colours, and is thus distinguished from quinine salts, for the adulteration of which it was, up to a few years ago, principally produced. Finally, when the rheumatic sufferer convalesces the salicin should not be dropped too suddenly. For a week it should be given in full doses morning and evening, and for a fortnight once daily; otherwise a relapse may supervene. A notable feature in the salicin treatment is its tonic effect in promoting a steady and rapid recovery of strength and vigour during convalescence.

UNIVERSITY OF LONDON.—The following gentlemen have been elected examiners:—Practice of Medicine: Drs. Hilton Fagge and W. Miller Ord. Surgery: Sir W. Mac Cormac and Mr. John Wood, F.R.S. Anatomy: Dr. D. J. Cunningham and Mr. H. G. Howse. Physiology: Drs. A. Gamgee and Gerald F. Yeo. Obstetric Medicine: Drs. J. M. Duncan and Henry Gervis. Materia Medica and Pharmaceutical Chemistry: Drs. Lauder Brunton and F. T. Roberts. Forensic Medicine: Mr. Augustus J. Pepper and Dr. George Vivian Poore. Chemistry: Mr. Dewar and Dr. T. E. Thorpe. Botany and Vegetable Physiology: Messrs. Bayley, Balfour, and Sydney H. Vines. Comparative Anatomy and Zoology: Drs. Alexander Macalister and A. Milnes Marshall.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

THE ordinary meeting of this Society was held on Tuesday, May 1st, Mr. J. W. Hulke, President, in the chair. The discussion on diabetes was concluded. Dr. Dickinson and Dr. F. Taylor showed a large number of microscopical specimens of organs from diabetic patients, and the President intimated that, in accordance with the wish of Dr. Dickinson, a committee would be appointed to examine and report upon these, and other similar preparations.

Mr. R. J. GODLEE read the report of the Morbid Growths' Committee on Mr. Clutton's specimen of Tumour of the Scalp, in which Mr. Clutton's view that it was an Alveolar Sarcoma was corroborated.

Discussion on Diabetes.

Dr. SEYMOUR TAYLOR remarked that he had recently had opportunities of making or witnessing the post-mortem dissections of four cases of diabetes. All four were typical, and in each the usual form of coma supervened shortly before death. He examined the kidneys carefully of three of the cases, not with any idea of finding a primary lesion, but with a view to ascertain if there were any, and, if so, what secondary changes. These organs presented to the naked eye the usually described vascular engorgement. Microscopically the glomeruli showed marked extravasation of blood, hence they were of a pale-yellowish tint. The epithelium of the tubules, however, was remarkable. The cells were large, of a yellow-brown colour, and their nuclei failed to take the logwood stain. The most characteristic feature was the tendency for the epithelium to come away from its basement membrane *en masse*, so that in parts the kidney presented a mere skeleton outline of its normal condition. This shedding of epithelium was not in the form of a cast, as there seemed to be no fibrinous exudation to form the basis of a cast; it was merely a well-marked necrosis, and as such was entirely a secondary change. Dr. Taylor could corroborate Professor Frerichs' observations as to the method of staining diabetic kidney sections by means of a weak solution of iodine, which acts upon the glycogen; in order to obtain good results, it was necessary to harden the organ in absolute alcohol, and not in an aqueous solution. The liver presented a similar congested state, the cells being atrophied from pressure of exuded blood. As regards the central nervous system, the positive evidence of structural change was almost *nil*. Dr. Taylor observed he could find no morbid change in the brain, the medulla, the spinal cord, or in the sympathetic ganglia, with the exception of the hyaloid thickening of blood-vessels, noted by Dr. Stephen Mackenzie. Some of the sections exhibited bore a great resemblance to the so-called changes in chorea; but he thought he had seen similar conditions in brains and spinal cords which were considered healthy. He was sceptical of some of the so called lesions of nervous system, and was inclined to think that many appearances we regard as morbid might be due to our method of preparation and of cutting. Since Bernard's remarkable discovery as to the production of glycosuria by injury to the fourth ventricle we seem to have been working with this observation as a centre. We have taken a physiological experiment as the basis of a supposed pathological fact. He looked upon the disease with our present light as a functional one.

Mr. VICTOR HORSLEY had examined the medulla oblongata in three cases of so-called typical diabetes mellitus, each case dying comatose. In none was any morbid condition to be found, save congestion (no hæmorrhage). In one of these cases the liver and kidney showed well-marked cloudy swelling. The secondary importance of this condition is proved by late experiments in which glucose injected into the system (rabbits were the animals employed) caused cloudy swelling and disintegration of the renal epithelium. In view of the extreme variation among the results of research into the morbid anatomy of diabetes, it was suggested that no distinct disease existed, but that abeyance of function, acting not only centrally but peripherally, would bring about the symptoms supposed to indicate a special disease.

Dr. FREDERICK TAYLOR had paid attention chiefly to two

points in connexion with diabetes—the morbid anatomy of the nervous system and the fatal termination of the disease. He had, some years ago, in conjunction with Dr. Goodhart, published the results of an examination of the central nervous system in nine cases of diabetes, and they were unable to find in them the morbid changes described by Dr. Dickinson. Dr. Taylor now exhibited a number of the specimens for the judgment of members of the Society. He considered the majority of the specimens were practically healthy, and only one case showed anything that deviated much from the usual standard; and he thought that no constant change had been found as the initial lesion of diabetes, and that the account of degeneration and decay of the nervous system was not justified by what had hitherto been seen. Unusual thickness of the walls of the vessels and large size of the vessels might be part of a general condition; a large central canal was to be otherwise explained than by vascular engorgement, and was not peculiar to diabetes; while the condition called miliary degeneration was certainly the result of reagents. Dr. Taylor had not seen varicose dilatation of vessels in his specimens, nor evidence of degeneration of the nervous tissue. There remained the presence of orange semi-crystalline bodies about the vessels, and in the perivascular spaces, which were abundant in one of his cases; but he considered it still unproven that they indicated a congestive state of the nervous system which could be regarded as the cause of the disease. Recently he had examined four other cases, and though two were much spoiled in hardening, it was quite clear that they had not undergone any such degenerative changes as were described. Dr. Taylor next referred to the mode of death in diabetes, and pointed out that the proportion of fatal cases which occurred in consequence of the curious group of symptoms called "diabetic coma" was a very large one; of 53 cases dying within the last ten years at Guy's Hospital, 33 died comatose; and in 17 of these there was no lesion of the viscera; while in 3 the lesions were inactive and could not have contributed to the result; and in 10 the coma supervened in the course of pneumonia or phthisis. He found evidence that neither the theory of fat embolism, nor that of acetone in the blood satisfied all cases; and he referred to the frequency of severe abdominal pain as an early symptom—an important fact, as it might give rise to a diagnosis of perforation or peritonitis.—Dr. TAYLOR also exhibited Microscopic Sections of the Pancreas from a case of diabetes, which was almost entirely converted into fat. It was on record that the pancreas had occasionally been found atrophied or otherwise altered in diabetes. At Guy's Hospital some alteration had been noticed in five cases during the last ten years. Twice it was merely described as small or wasted; three times, including the case exhibited, it was fatty.

Dr. DAWSON WILLIAMS had examined the registers at University College Hospital for ten years, but the number of fatal cases of diabetes available for report was small. He referred to a group of six cases, occurring in young people, which had certain symptoms in common. Well-marked coma, accompanied in four cases with extreme dyspnœa, was the immediate antecedent of death in five of the cases. In three of the cases there was some phthisis pulmonalis present, but in none was any distinct evidence of tubercular disease found elsewhere. In two cases albuminuria was a constant symptom during the whole time the patients were under observation. No constant post-mortem appearances had been recorded; in two cases the puncta cruenta were stated to be more numerous and prominent than natural; in one case the perivascular spaces were said to have been enlarged; in one some swelling at the tip of the calamus scriptorius and congestion of the membranes in the neighbourhood were noticed. It was thought that an examination of the Registrar-General's Returns favoured the idea that diabetes was becoming a more common disease. Thus the number of deaths registered as due from diabetes had risen from 537 in 1862 to 1059 in 1880, an increase of 49 per cent., while the increase in the total number of deaths from all causes was only about 20 per cent.; again the death-rate from diabetes was 24 per million in 1850, and 41 per million in 1880, whereas the death-rate from "all causes" was almost the same (it was, in fact, a little lower in 1880 than in 1850). The number of deaths from diabetes, compared with the total number of deaths, had also advanced about 30 per cent. The table published by Dr. Dickinson in his work on "Diabetes," which showed the number of deaths from this disease at each decade of life during the decennial period 1861 to 1870 was exhibited graphically, and compared with a similar chart which had been prepared from the Registrar-General's returns for 1871 to 1880. It resulted from this comparison that the incidence of diabetes at the various ages had not materially differed in the two decennial periods. It was greatest in the decade of years between the ages of fifty-five and sixty-five in both sexes, but the preponderance in this decade was much more marked in men than in women; this difference between the sexes, however, was less marked in the second decennial period than in the first. How far the relative greater mortality among women in the decade of years between twenty-five and thirty-five was due to any connexion between diabetes and childbirth, such as Dr. Matthews Duncan had suggested, there was no evidence to show; indeed only six cases of diabetes had been registered in ten years in women dying within one month after childbirth.

Dr. DICKINSON asserted that diabetes must have a pathology, and depend upon some change in the permanent structures of the body. In addition to his other investigations, he had recently examined organs from four cases of diabetes for the purposes of the discussion, and the results obtained went far to corroborate those previously arrived at. In his earliest observations he had not sufficiently allowed for natural variations in the cavities and channels of the brain, and this had led to doubt being cast more widely than deserved upon all his results. The brain, though at first appearing healthy, was hard in texture, injected, and occasionally showed surface hæmorrhages. The centrum ovale showed a cribriform appearance, which, however, was also seen in chronic insanity. The microscope revealed:—1. Dilatation of the bloodvessels. 2. Small extravasations of blood. 3. Dilatation of perivascular spaces. 4. Alteration in the perivascular sheaths and nervous matter bounding the cavities. Of fifteen diabetic brains he had found extravasations of blood in seven. Perivascular changes—thickening of the sheath, erosion or degeneration of the nervous matter—were invariably found; these were most marked around the largest vessels. The cavities were often sprinkled with grains of blood pigment. The changes in the cord were slight: erosion and commencing degeneration of the grey cornua. A careful examination of the sympathetic system in all its parts had shown him that it was usually healthy. He had once seen granular degeneration of the cells of the cervical ganglia, and in another case a less degree of the same change in the semilunar ganglion. Lungs showed caseating pneumonia, followed by cavities. The liver exhibited marked general congestion; a peculiar dilatation of the capillaries, possibly from a post-mortem development of gas, he had seen in two cases. In the kidney he had found evidence of tubal and interstitial nephritis. He thought the brain must be regarded as the primary seat of the disease. This he had always found diseased, with signs of an altered relation between the bloodvessels and the brain tissue; but these changes were not constant in position, and often widely scattered. The changes were not peculiar to diabetes, though constant with it. Against the view that the disease began in the blood and affected the brain secondarily was the fact that it often came on as the consequence of a mental impression or cerebral state, as grief or anxiety.

Dr. PAVY addressed himself to the condition of the blood, which he believed to be at the bottom of diabetes. He was sure the primary lesion was a chemical fault. He had recently been performing many chemical investigations of great importance in this matter. There was a distinct group of carbohydrates, moved by means of ferments. Thus starch acted upon by diastase, saliva, or pancreatic juice was converted first into a dextrin, then into maltose, attended with increased hydration and increased cupric oxide reducing power. Starch was $C_{12}H_{20}O_{10}$; maltose was $C_{12}H_{22}O_{11}$. The dextrins intervened in composition. Starch had no cupric oxide reducing power, and it was precipitable by alcohol. Dextrin was no longer precipitable by alcohol, and could reduce cupric oxide at first a little, gradually more and more up to maltose, three times that of the first dextrin; and glucose had still more copper reducing power, five times as much as the first dextrin. All the carbohydrates were brought into glucose by sulphuric acid and heat. His investigation had been carried out on this line: half a principle had been tested to find its copper reducing power; the other half had been brought up to glucose, and its reducing power then tested, and a comparison of the two made. Exactly the same occurred in regard to the so-called glycogen, which had no cupric oxide reducing power, and was precipitable by alcohol. When acted upon by ferments it was

converted into dextrins, maltose, and glucose. Ordinary ferments reduced dextrins only to maltose ($C_{12}H_{22}O_{11}$); it was impossible to get glucose ($C_{12}H_{24}O_{12}$). To get glucose it was necessary to act upon them by sulphuric acid and heat. But in diabetic urine glucose was met with; for this a glucose-forming ferment was necessary, and this exists in the liver. In the animal system the reverse change took place; glucose was carried up through maltose and dextrin to glycogen and starch. Glucose was converted into maltose in the stomach and intestine; it was not absorbed as glucose. Cane sugar was not converted into glucose, but into maltose in the alimentary canal. The portal blood contained a quantity of maltose and dextrins, and ultimately glycogen was formed. Dextrin of low cupric oxide reducing power brought into contact with liver and blood out of the body was converted into glycogen. Carbohydrate treated with liver and blood was carried upwards out of that group altogether, and this new principle might be brought down again to carbohydrates by certain ferments. This was the process of assimilation. The carbohydrates were carried out of the group without being converted into glucose. Diabetes was essentially characterised by the non-utilisation of these principles; the carbohydrates came into glucose, and were then eliminated. But glucose was eliminated where no carbohydrate is found, because the albuminous molecule was split up into urea and a carbohydrate, which was then reduced to glucose. We had, then, a glucose-forming ferment which was not saliva, blood, muscle, or pancreatic juice. This glucose ferment was in the liver. All parts of the body, like the liver, undergo a post-mortem change with the increase of the amount of maltose. The glucose ferment only existed in the liver. Venous blood was antagonistic to it, and if an animal be asphyxiated by ether, maltose, not glucose, was found. Arterial blood in the liver gives a glucose ferment; venous blood in the liver gives a maltose ferment. A superabundance of oxygen in the body led to glycosuria (as by inhalation of oxygen or injection of defibrinated arterial blood into the portal vein). Diabetes depended upon a dilatation of the arteries of the chylopoietic viscera—a vaso-motor paralysis, which allowed the blood to pass to the liver too little deoxygenated. What the liver wants was good venous blood producing a maltose-forming ferment. Simple venous congestion of the liver would never produce diabetes. The hyperæmia of the chylopoietic viscera had been observed in diabetes, both natural and artificial. The severity of diabetes depended upon the area of the vaso-motor paralysis; the area might increase up to the tongue, and then be seen—the tongue intensely red and injected like raw beef. He related the case of a lady, aged fifty-five, suffering from diabetes, treated in the ordinary way; sugar disappeared from the urine; seven months later the disease had returned in the form of diabetes insipidus (she was still taking the restricted diet), and he thought the area of the vaso-motor paralysis had then shifted to the kidney. Under treatment by valerian the diabetes insipidus disappeared. Now she was able to take a certain amount of starchy food without passing sugar. In young people the disease was progressive, at first controllable, then uncontrollable. No doubt there was a nerve lesion in association with it.

Dr. DOUGLAS POWELL observed that the debate had been useful in indicating more especially the necessity for experimental inquiry into (induced) living pathology, and in physiological chemistry, in order to throw fresh light upon diabetes, and in both these respects Dr. Pavy had redeemed the Society from the reproach of having had no contribution of the kind. He believed that the results of Dr. Pavy's valuable and novel researches would dovetail in with those of Dr. Dickinson showing the existence of nervous lesions. He begged to second Dr. Dickinson's suggestion, that a committee be formed to report upon the specimens from the nervous system shown now and also at any future meeting. Dr. Powell was himself convinced that most of Dr. Dickinson's specimens were examples of positive lesion; whether the result or the cause of the comatose state was a separate question. Dr. Powell believed that the idea still prevailed that a causal affinity existed between phthisis and diabetes; this view he regarded as due to confusing cases of diabetic phthisis, if there were such, and cases of phthisis occurring in the course of diabetes. In his own experience of chest disease diabetes was infinitely rare, and in five or six years' experience at Brompton, with an average of thirty cases of phthisis of all sorts, stages, and degrees of activity, constantly under his observation, he could recall no case. He had, through the kindness of colleagues and the friendly labours of the resident staff, obtained an examination of the urines of 165 cases of phthisis and sixty-five cases of other chest diseases now in the Brompton Hospital. The specific gravities varied from 1010 to 1035, but in no instance had sugar been found. He would like to have similar statistics from diabetic cases, not, of course, gathered from the last stage, for some form of pulmonary disease carried off a large proportion of all chronic maladies. He believed phthisis and diabetes to have nothing in common; they were not interchangeable by inheritance, and they did not merge into one another, save that some form of phthisis might arise in the course of diabetes, as in any other chronic and exhausting malady.

Mr. HULKE, in closing the discussion, said the debate had been useful as throwing much light of both a negative and a positive kind upon diabetes. Some observers had failed to find any pathology, others had found various lesions, but none of them were absolutely peculiar to diabetes. He thought it would be well to refer the whole matter of the microscopical investigation to a committee. Dr. Pavy's communication was of very great importance, but it was necessary to go beyond the vaso-motor palsy and detect the cause of that.

After the meeting Dr. RADCLIFFE CROCKER demonstrated an easy and expeditious method for the quantitative estimation of sugar, invented by Dr. Duhomme, of Paris. The principle of the method was, chemically, that of Fehling; the mechanical differences consisted in the substitution of two of Limousin's compte gouttes graduated to 2 c.c. and 1 c.c. respectively, for burettes, &c. The test appeared to be easy, accurate, and expeditious.

Mr. STANLEY BOYD showed a man with Tubercular Ulceration of the Tongue; and Dr. HADDEN showed a specimen of Tubercular Ulceration of the tongue as a card specimen.

CLINICAL SOCIETY OF LONDON.

Lepra Tuberculosa.—Excision of Lip.—Symmetrical Gangrene.—Subcutaneous Nodules.

THE ordinary meeting of the above Society was held on Friday, April 27th, Dr. Andrew Clark, President, in the chair. Three papers were read, and two, by Dr. Stephen Mackenzie and Dr. Dyce Duckworth, were, by the consent of the authors, taken as read, on account of the great number of communications still in the hands of the secretaries. A case of spondylitis deformans was shown by Mr. Clutton, a case of multiple nodes in a patient the subject of congenital syphilis by Dr. H. Radcliffe Crocker, and a case of tubercular ulceration of the palate by Dr. Barlow.

Dr. W. J. TYSON showed a case of Lepra Tuberculosa. R. C. S——, aged sixteen, was born in Ireland, and when two months old went to India, and remained there until he was six, then returned to Ireland, and has not been abroad since. His family history gave no clue to his case. He was quite well until two years ago, when the present condition of face first began to show itself. The lad is physically strong and fairly well made; height 4 ft. 8½ in.; his hair is reddish, and his eyes blue. He does not seem mentally dull. The appearance of the face was characteristic of the disease, and had, as many have, a somewhat lion-like appearance; the skin was soft to the feel, thickened, and of a brownish-red colour; on his chin and just underneath it were about a dozen small elevations (tubercles), varying in size from a mustard-seed to a pea. On the trunk in front and behind there was a yellowish-brown mottling. The chest and abdomen were healthy. There was no albumen in the urine. Just below the right buttock there was a patch of flattened tubercles, and over the left olecranon a softish mass of the size of half a walnut. The hands were generally cold, and the skin thickened; around each wrist-joint there were a few tubercles. The skin over the feet was red, thickened, and scale-like in appearance. All the joints were sound. Hoarseness of voice had come on quite recently. There was no anæsthesia of the skin. His diet did not seem to have been abnormal. There were no signs of nerve lesion of any kind, and no joint affection.—Dr. SOUTHEY said the case was very interesting, as presenting all the signs of the earlier stage of leprosy. Two or three

years hence the boy would show loss of sensation in the ends of the fingers; the fingers would become less mobile, and so a real distress to the patient, and such patients would often cut off their fingers themselves. Anæsthetic leprosy began quite differently by erythema of the skin of the face, hands, and arms; these were thickened, red, and raised, and they became insensible first in the centre; the insensibility was limited to the skin; there were no tubercles in the skin. In the later stages of tubercular leprosy albuminuria came on with granular degeneration of the kidneys.—Mr. STARTIN said that there was slight ulceration commencing in the lobes of the boy's ears. He had seen a case of leprosy coming on ten years after the man left India.—Dr. CLARK asked if Dr. Tyson had examined for bacilli.—Dr. SOUTHEY said there was frequent micturition preceding the albuminuria. The granular kidney was due to a general increase of the connective tissue of the kidney, and as also in the liver and other organs.—Dr. DYCE DUCKWORTH referred to the report on a case of leprosy that died in Middlesex Hospital, published in the Pathological Society's Transactions.—Dr. TYSON said he could get no further history than that given. He did not think the very slight ulceration behind each ear was specific; he also doubted the thickening of the ulnar nerve. There was no frequency of micturition. He had not examined for bacilli.—Dr. ANDREW CLARK nominated Drs. Southey, Dyce Duckworth, Thin, and Tyson as a committee to investigate the case for bacilli.

Mr. RICHARD BARWELL read a paper on a case of Removing a large portion of the Upper Lip without deforming the face. George S——, aged sixty-one, much addicted to smoking short clay pipes, came under Mr. Barwell's care with epithelioma of the upper lip. The growth was close to the corner of the mouth, but did not involve the commissure; and was so extensive that at least two-thirds of the lateral half of the lip had to be removed in eradicating the disease. The following operation was devised and performed, Nov. 4th, 1882: The base line of the triangle requiring removal was measured, and an equal line marked by a superficial incision extending from the corner of the mouth directly outward. The other sides of the triangle, also measured, were similarly traced from this line downward towards the ramus of the jaw. Thus was traced outside and below the mouth a triangular flap exactly like that to be removed from the upper lip, but reversed. The first—the horizontal—incision was now deepened down to, but not into, the mucous membrane; then the two lateral limbs of the triangle were incised through all tissues into the mouth, and some bleeding vessels were twisted. The thick tissues of the flap were dissected from the mucous membrane left hanging to the horizontal incision, to which, the extreme point being sacrificed, it was stitched, thus giving to that part a red border. The next step was the excision of the epithelioma along the lines already traced and measured. The edges of the lower of what may be called the complementary triangle were now brought together with twisted suture. In doing this the horizontal base line of the complementary triangle was necessarily shifted inwards, and coming to lie above the lower lip took the place of that part of the upper lip which had been removed with the cancer. The new red border, made by turning up the mucous membrane of the cheek, imitated the natural red of the lip. The edges of the wound in the upper lip were now brought together with harelip pins, and the new mucous edging sewn with horsehair, both to where it joined the old and at the commissure of the mouth. When all was complete, no deformity was left. The man recovered rapidly; and when seen two months after operation his mouth was as nearly perfect in form as previous to operation, nor did its movements appear in any way irregular or constrained. The disease rapidly recurred, and prevented Mr. Barwell from showing the case.—Dr. ANDREW CLARK remarked that possibly the most important factor in causing epithelioma of the lip was irritation, which stimulated growth and repressed development.

Dr. SOUTHEY related a case of Tachetic Symmetrical Gangrene, and showed the patient. Frank N——, aged nine, admitted into Matthew ward, St. Bartholomew's Hospital, November 25th, 1881, was much emaciated, his hair thin and falling off, abdomen empty and retracted; skin dry, and he was in a curious, excitable, semi-delirious mental state. He presented a gangrene of the tip of his right index finger, all his extremities felt cold, and he had insomnia. His pulse was 148, very feeble; respiration 32; temperature 99°. His heart beat with feeble impulse in normal situation. There was no increase of normal cardiac dulness; no cardiac murmur; no physical signs of lung disease. Neither liver nor spleen transcended their normal limits. His appetite was bad; he had had no sickness; bowels acted once daily; tongue clean and moist; micturition gave no pain; urine scanty, not abnormal. After a few days the thumb and second finger of the same (right) hand were involved, became first red and throbbed, then livid and finally gangrenous. On December 5th an exactly similar spot occurred on the pinna of the right ear, and on the extremity of his nose, and the tip of the middle finger of his right hand. A little later, subcutaneous mottlings (*tachetées*) appeared all over his trunk and limbs, and developed into a raised rash, like urticaria tuberosa, or erythema tuberculatum. The spots first itched, then became painful and tender, but gradually subsided, leaving only some pigmentation to mark their sites. Finally, all the fingers and the thumb of the right hand gangrened and slowly separated, also the thumb, index, and little finger of the left hand. He passed into a condition of most extreme prostration, with broncho-pneumonia of both lungs, and only very slowly and gradually recovered from it. In January, 1882, a new and interesting clinical feature was manifested—namely, intermittent true hæmaturia, bloody urine being passed alternately with normal coloured, non-albuminous urine. Some days distinct blood cells were passed with the urine; on others, blood-colouring matter without blood cells; on others, albumen with blood enough to give the guaiacum reaction only. Oxalate crystals were present in great abundance when the hæmaturia was abundant, and *vice versâ*. No tube casts were ever noticed. All symptoms of urinary disorder disappeared in July, 1882, when the child was discharged well, but with the loss of his fingers. He had been seen several times since. The author next cited some parallel examples of this malady, which he referred to vaso-motor disturbance.—Dr. A. CLARK asked if there was any history of rheumatic gout; such patches of gangrene were not uncommon in so-called rheumatic gout.—Dr. BARLOW had never seen so severe a case as this, but he had seen two or three cases of Reynaud's disease. The first was that of a man, aged thirty-five; he was said to have rheumatism; he had severe pains in his legs, followed by patches of very bluish redness; this he had had for several years, at times, during the winter months. Dr. Barlow first saw him a few days after one of these attacks, and he then had a patch of gangrene on one toe, and a livid patch near one hip. He had also seen the disease in two girls who first suffered at the age of three years and a half. They suffered monthly in the winter. When first seen, one of them had one limb quite black, and was in extreme pain; after three hours the colour passed off and the child was quite well. He saw several such attacks in this child. The other little girl had her attack, in cold weather; she had with several of her attacks violent pain in the stomach, and two or three hours after the attack she passed urine very dark from hæmatin—not blood-corpuscles,—and containing oxalates. She did not pass the dark urine more than once after the attack. The disease seemed to be like paroxysmal hæmaturia in coming on in cold weather, and also in its mode of onset. Cold was much better than warmth for these attacks. He referred to a case of paroxysmal hæmaturia which appeared to be benefited by washing in cold water, while the patient had been accustomed to bathing in very hot water. Reynaud had used the constant current down the spine with excellent effects, and one of his patients, the man, was distinctly benefited by this treatment. He had not found any proof of rheumatism or gout in any of his cases. Mr. Hutchinson had described an end-joint arthritis, which he associated with Reynaud's disease. Dr. Barlow had a patient with symmetrical fibrous anchylosis of fingers, and he had great coldness in his extremities, but not patches of local asphyxia.—Mr. CRIPPS thought this disease was essentially local, and that the disease was essentially a gangrene. No embolism had ever been found. There was a great analogy to ordinary frostbite in which there was no general disease. Young women often have cold hands and feet, and these easily get chilblains from a feeble action of the heart. He referred to a case of a woman very liable to chilblains, who married, and six weeks after confinement had gangrene of both hands, legs, and ears. The sudden call of the childbirth caused gangrene in a patient with a feeble circulation. He thought cold was a very dangerous application

to parts already gangrenous. Opium was the drug of most value. — Dr. BARLOW said he had only recommended cold for localised asphyxia. Reynaud had found spasm of the arterioles of the retina in three cases. — Dr. MAHOMED referred to a case under Dr. Wilks of symmetrical gangrene and intermittent hæmaturia and hæmatinuria. He thought the disease was quite different from the cases referred to by Mr. Cripps; these people have not a feeble circulation, the early stage is like that of factitious urticaria. He referred to the case of a woman who showed the disease in a very chronic form. She had had the disease for seven or eight years. When first seen her fingers were blue, with black tips, like severe chilblain with gangrene added to it. In the summer the hands recovered considerably, and became almost well. There was no albuminuria or hæmatinuria.—Mr. SYMONDS said that the case first referred to by Dr. Mahomed was now well. He also mentioned a patient who suffers from chilblains and has lost the tips of two fingers. She had none of the general symptoms of this disease. A girl from whom he had removed the ulna came to him the other day with well-marked purpura and hæmaturia.—Dr. SOUTHEY replied to Mr. Cripps that he considered the disease as a general disorder dependent probably upon disturbance of a centre in the upper part of the spinal cord regulating the vaso-motor system. He thought we were quite ignorant of the true etiology of the disease. There appeared to be spasm of the arterioles, which in rare cases passes on to gangrene.

Abstract of Dr. STEPHEN MACKENZIE'S paper on a case of Subcutaneous Nodules occurring in a patient the subject of Syphilis, and with very indefinite connexion with Rheumatism. The patient was a married woman, aged forty, who had never had any important illness till three years ago, when she apparently had syphilis. She came under care for a tertiary syphilide, and during examination it was discovered that she had several subcutaneous nodules. In all, eight have been detected, which vary in size from a hemp seed to a split pea. The skin over them is natural, and they are all movable. They cause no pain, except when pressure is made on them. Two are situated along the posterior border of the ulna, and the remainder, with the exception of one in the gluteal subcutaneous tissue, beneath the skin of the thumbs and fingers. The first she noticed about two years ago, and it has increased in size. None that she has observed have disappeared. As regards rheumatism, the only symptoms which could be in any way construed as due to this disease were some pains in the legs eight years previously, for which she used a liniment. She has never had chorea. There is no evidence of heart disease, nor of arthritis, present or past. The physical characters of the subcutaneous nodules are exactly those of the nodules described by Drs. Barlow and Warner in connexion with rheumatism and allied affections. The interest in the case lies in the very indefinite, if at all existing, connexion between the nodules and rheumatism. The patient had not suffered from any distinct rheumatic symptoms, nor is there any family tendency to that affection. The association of the nodules with the syphiloderm may be fortuitous. The duration of one of the nodules is greater than in any of the series of cases recorded by Drs. Barlow and Warner. The longest time they noticed nodules to persist without diminution was five months.

Abstract of Dr. DYCE DUCKWORTH'S paper on a case of Rheumatismal, Cutaneous, Subcutaneous, and Periosteal Nodules. M. F——, aged thirty-eight, a married woman with one child, came under Mr. Langton's care at St. Bartholomew's, in Dec. 1882, for the treatment of multiple fibrous nodules on the arms and legs. She was active and robust, with fresh, rather florid complexion, and fair hair. Teeth nearly all decayed and lost. The history was that "a lump" first came on the right elbow in September, 1879, another on the right knee soon followed, and others have appeared on the limbs from time to time. They were found in the several positions hereafter mentioned. Right ulna: A large tumour (size of a penny), freely movable, not adherent to the periosteum. Below this two others, much smaller, adherent to the periosteum. None over the radius; one firmly attached to the anterior ligament of the wrist; one in the palm of the hand; and one on the third phalanx of little finger. Left ulna: One four inches below olecranon, small, slightly movable, not adherent to the skin. None on the radius. On the palm of the hand six small nodules, adherent to the skin. Right leg: One over the lower angle of the patella, movable, not attached to the bone, about the size of a penny. Another, two inches below patella, much firmer, freely movable, and adherent to the skin. Numerous small ones on the crest of the tibia, to within five inches of the ankle, firmly adherent to the periosteum. Several over the upper part of the fibula, firmly adherent to the periosteum. No nodules found on the scalp, scapulæ, spinous processes of vertebræ, or feet. The tumours were very painful, and ached more in cold weather. There was no personal history of rheumatism or of chorea in this patient. Her mother, however, was rheumatic, and a sister had had three or four attacks of rheumatic fever. Examination of the heart revealed nothing worthy of note. There was perhaps doubtful roughness of the first sound of the apex. Iodide of potassium was given, and during the past three months there had been a gradual reduction in the size of the nodules, and some of them had become softer. Having regard to the clinical features of this case, and to the family rheumatic predisposition, Dr. Duckworth ventured to call these nodules rheumatic in their nature, and he believed that further study of these cases showed that there are several types or varieties of them. This case, as well as that one exhibited by him at the beginning of this session to the Society, illustrated a form met with in adults in which the nodules are very persistent, and are also attached to the skin and periosteum. Amongst the first cases brought forward by Drs. Barlow and Warner, the nodules were found to be commonest in children and young persons, to be subcutaneous, not to have any periosteal attachment, and not to last more than a few weeks or months. In this instance, the nodules have lasted for two years and six months, and in the other for one year and six months.

HARVEIAN SOCIETY OF LONDON.

AT the meeting of this Society held on April 5th, 1883, the President, Dr. E. Symes Thompson, in the chair,

Dr. BROADBENT showed a patient who was suffering from a Peculiar Disturbance of the Capillary Circulation. The patient eight years ago had a sunstroke, which for a time rendered him insensible; previously to this he had frequently suffered from pain in the occipital region and vertigo, which since that time had been much aggravated. Seven weeks ago, while looking over a bridge, he was seized with a sudden and violent pain at the back of the head, and intense giddiness, upon which supervened unconsciousness, lasting for fifteen minutes; since then he has had several similar attacks, as many as three or four a week. On speaking to the patient a blush appeared on the face which extended over the chest and back, and lasted several minutes, leaving a mottling of the skin which somewhat resembled roseola. The "tache cérébrale," again, was unusually well marked, a line of vivid redness appearing in the track of the finger nail drawn over the skin. In the course of his remarks Dr. Broadbent stated that this was a condition occasionally seen when the nervous system was broken down by overwork and strain. The "tache cérébrale" was most commonly seen in tubercular meningitis, but it was often present in other acute cerebral diseases and sometimes in enteric fever; its occurrence in association with prostration of the nervous system without fever was interesting and suggestive.

Dr. SIDNEY PHILLIPS showed a case of Congenital Dislocation of both Radii. The patient was a girl, aged seventeen, otherwise well developed. The head of each radius formed a well-marked prominence behind the external condyle of the humerus. The elbow-joint could be fully extended by the patient, and could be flexed to almost the normal degree, but only with the hand in a semi-pronated position. The head of the radius could be rotated to a small extent on the external condyle of the humerus, and the various prominences of the elbow-joint, as well as the head of the radius itself, were fully developed. The deformity was noticed almost immediately after the birth of the patient. Cases of dislocation of the bones of the forearm were stated ("Holmes' Principles and Practice of Surgery") to have occurred from traction on the limb by the accoucheur during delivery, but this did not appear to have been the cause in the present case, as the deformity was symmetrical on the two sides, and there had been no difficulty in the birth of the child. Dr. Phillips thought that, possibly, the radius was developed in the abnormal position.

Dr. A. J. SILCOCK exhibited a Kidney, Bladder, and Testicle taken from a patient who had recently died in St. Mary's Hospital. The left kidney was much enlarged,

weighing twelve ounces, and very firmly adherent to the perinephritic fat. Scattered through its substance were numerous miliary caseous tubercles, which had in many cases coalesced into patches of much larger extent. The mucous membrane of the ureters and pelvis were beset with small circular ulcers and submucous caseous deposits. A few caseous nodules were found in the right kidney, and both ureters were considerably dilated. The bladder showed a large number of ulcers, varying in size from a pin's head to a florin, the larger ones extending deeply into the submucous tissue. When removed from the body the mucous membrane was vividly injected. The prostate was slightly, but irregularly, enlarged from the deposition of caseous matter in its substance, the vesiculæ seminales and vasa deferentia on both sides being similarly affected. Microscopically the process was essentially an intertubal growth of a small-celled granulation-like tissue, and tending to caseation or to the formation of ill-developed fibrous tissue. As regards other organs, tubercular ulcers were present in the intestines, and grey miliary tubercles in the lungs, with extensive recent tubercular pneumonia. The disease, so far as the genito-urinary tract was concerned, seemed to have commenced in the left kidney and spread therefrom to the bladder, prostate, and right kidney, the patient eventually succumbing to the pneumonia. His reason for supposing the disease to have begun in the kidney and travelled downwards was that that organ was caseous, whereas he had never before seen a tubercular testis in such an early stage.

Dr. JOHN WILLIAMS next read a communication on Antiseptics in Midwifery in Lying-in Hospitals and Private Practice. He detailed the means taken at the Hospital for Women and Children, for avoiding septic infection after childbirth; these means, shortly, were perfect cleanliness in the patients themselves, strict attention to the state of the wards, which were cleansed daily and were periodically cleared of patients and disinfected with sulphur; during the act of parturition, antiseptic inunction of the vagina and of the head of the child at its descent during each pain, and after delivery, daily vaginal douches with warm water. By such means the mortality of the institution had been much decreased, being now 1 in 200. He compared this with the rate met with in private practice, which, he said, would be much higher if the large number of deaths from puerperal fever—but returned in the certificates as due to pleurisy, pneumonia, and peritonitis—were taken into account.—Dr. MEADOWS remarked on the lowness of the death-rate obtained by Dr. Williams, but had seen a similar plan of treatment carried out in Russia as long ago as sixteen years. He deprecated the practice of intra-uterine injections, and remarked that the source of septic infection was often from within; a poison being bred in the maternal passages, a result of a diseased condition of the secretions.—Dr. HICKMAN thought that washing out of the vagina shortly after delivery was just as dangerous as intra-uterine injection, though after a few days vaginal douches became perfectly safe.—The President, Dr. Norman Kerr, Dr. Lamb, Dr. Alderson, and Dr. Wells took part in the discussion, and Dr. Williams replied.

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

WEDNESDAY, APRIL 25TH.

DR. ACLAND, PRESIDENT, IN THE CHAIR.

DR. STORRAR moved the following resolution, notice of which stood upon the agenda:—"That in the opinion of this Council the examinations in dentistry *sine curriculo* should cease and determine after Dec. 31st, 1883." He said he used no exaggerated language when he stated that there was a very aggravated feeling among the dentists of England in consequence of the persistence of examinations in dentistry *sine curriculo*. He had received two private letters on this subject. The writer of one of them said he believed that it was the general opinion of competent judges that the value of the dental licentiateship had been greatly lowered by the manner in which it had been granted in Ireland. Very few men went to Scotland, where it could be obtained *sine curriculo*, while numbers went to Ireland. The letter argued that if the licence could be obtained with equal knowledge in the two places, dentists would go to the nearest place to get it—namely, Scotland.

Mr. MACNAMARA said that they ought to have the name of the writer of that letter.

Dr. STORRAR said that he would in this instance go out of his usual routine, though perhaps he ought not to have been called upon for the name. The writer was Mr. Tomes.

Mr. MACNAMARA said that Mr. Tomes had never been present at one of the examinations in Ireland.

Dr. STORRAR said that perhaps he ought not to have read a private communication, but as he had been challenged by Mr. Macnamara perhaps Mr. Tomes would excuse him for having done so. Some statistics which were put before them the other day as to the examinations for dental qualifications showed that the College of Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow examined only sixteen candidates between them *sine curriculo* in 1882, and that of these they rejected one-half, while the College of Surgeons in Ireland examined no less than sixty during the same year and rejected only fifteen. He would ask whether *primâ facie* that was an aspect of affairs which was creditable to the Royal College of Surgeons in Ireland or beneficial to the profession of dentistry. He wished to speak temperately on the subject, but he thought that this was a condition of things which they ought not to allow to be continued. The Dentists Act was passed in 1879, and came into operation on August 1st of that year. Surely sufficient consideration would be shown to dentists now upon the Register if examinations *sine curriculo* were abolished at the end of the present year.

Dr. FERGUS seconded the motion.

Mr. MACNAMARA impugned Mr. Tomes' competency to express any opinion upon an examination at which he had never been present, though he yielded to no man in his respect for Mr. Tomes. It had been said that the Royal College of Surgeons of Ireland had rejected only fifteen candidates, but there was another way of stating that fact, and that was that they had rejected 25 per cent. of those who presented themselves for examination. He referred to a unanimous resolution recorded in the minutes of the Council for 1879 to show that at the time it was held by them that the enforcement of a curriculum would be a hardship upon persons then in practice. There was no way of accounting for a unanimous resolution of the kind being passed by the Council except by conceiving that it was felt it would be a hardship to call upon gentlemen in practice to produce that which it would be almost impossible for them to produce—namely, a curriculum. The College of Surgeons in Ireland resolved to admit to examination *sine curriculo* up to August, 1881, all dentists in practice for the previous five years, and they had loyally adhered to that course. But they further determined that any gentleman whose name was on the Dental Register, and who was entitled to all the privileges of a dentist and was anxious to still further prove his competency, should be admitted to examination upon fulfilling certain conditions. The examining board consisted of three members of the court of examiners, one of whom was the best examiner in anatomy that he had ever known, and of three dental surgeons who were Fellows of the College. Each application for the dental examination had to be submitted to a committee of which he (Mr. Macnamara) was a member. Each candidate was subjected to a most searching examination. Out of 186 candidates who were examined by the College 109 were positively stopped. When that was the case the examinations could not be of the character to which Mr. Tomes alluded. Licentiates had to undertake that they would not attract business by advertising, and if they broke that undertaking the diploma was cancelled. The College took every care that no undesirable person should be examined, and a great number of persons were refused admission to the examinations. On one occasion there came before the examining board a candidate who appeared to be a perfect monomaniac with regard to qualifications. He held the qualifications of so many bodies and societies that the authorities of the College said, "Gracious! Why does he want our qualification?" And this gentleman was examined and found wanting. Let that fact be told to Mr. Tomes. The College of Surgeons of Ireland held that if a man was on the Register and possessed no qualification he must be one of a class to whom he personally had taken exception; and yet the representative of the College

of Surgeons of England, a gentleman whose name was a name to conjure by—Sir James Paget,—had told them that hairdressers, tobacco merchants, and others, who had added the occupation of a dentist to their other pursuits, were worthy of being on the Register, and that the licensing bodies should not object to them. Many of the Council of his college were of an opposite opinion, and they felt that on this point they stood upon a rock. They were prepared to challenge the Council to go before the Privy Council on the subject. He felt that the verdict of such men as composed the Privy Council would be in favour of the College of Surgeons of Ireland. He had no amendment to move, but he should vote against the resolution.

Dr. FERGUS said he agreed that an opportunity should be given for a certain time to get out of the ruck, but he thought that sufficient time had already been given. In seconding Dr. Storrar's resolution he did not mean to particularise any individual body, but his object was that these examinations *sine curriculo* should cease and determine in all the bodies. In his own body he had always opposed these examinations.

Dr. HUMPHRY said the College of Surgeons of Ireland complied with the resolution of the Council in that they did not admit students in dentistry without a curriculum, but they did offer to members of the dental profession who were on the Register and were actually practising, an opportunity of acquiring a good knowledge and of passing a good examination, and they contended that on the whole they were benefiting the practice of dentistry by thus inducing those who were already on the Register to qualify in the regular manner. He could not but think that if Mr. Macnamara's challenge were accepted the College of Surgeons of Ireland would gain the day, because it seemed a reasonable thing that those admitted to the register in the first instance should be encouraged to acquire such a knowledge of their profession as would enable them to acquire the diploma of such a body as the College, and there was no reason to suppose that that examination was not a good one. He would rather leave the matter as it was at present, and therefore should not support Dr. Storrar's motion.

Mr. MACNAMARA said he wished the Council distinctly to understand that his college examined no person *sine curriculo* whose name was not on the Dental Register.

Dr. STORRAR said his answer to Mr. Macnamara would be a very brief one. A resolution was come to by the College of Surgeons of Ireland that no examination should be conducted *sine curriculo* after August, 1881. They afterwards changed their mind, and determined to examine men *sine curriculo*, provided that they were on the Dentists' Register. They had proceeded to do so, and had made no communication to the Medical Council of having come to that resolution. No doubt there were a number of men practising without the licence in dentistry who were of very high repute; but there were also a very large number of men who were unqualified. He wished to put a stop to this, and therefore felt it his duty to press his motion.

Dr. HUMPHRY proposed, as an amendment, to add the following rider:—"unless they are already on the Dental Register."

Mr. MARSHALL seconded the amendment.

Mr. SIMON thought Mr. Macnamara had made a very good case in the main for the action taken by his college. It was quite fair that the examination of the College of Surgeons of Ireland should be open to Irish dentists who were on the Register and practising in Ireland, but it would not be desirable that there should be an invitation for people to come from other divisions of the United Kingdom and to attach to themselves a decoration from that college in competition with their own authorities.

The amendment was then put as follows, and agreed to:—"That in the opinion of this Council the examinations in dentistry *sine curriculo* should be limited to persons who are already on the Dentists' Register."

The Council then proceeded with the adjourned discussion on Mr. Simon's motion:—"That for the purposes of the Council's Recommendation 21, and of regulations by which the licensing authorities may desire to give effect to it, the 'four years' required to be spent in professional study must be four years during which professional study shall have been adequately followed by the candidate, as his true industry and the main occupation of his time; and that the Council would not be prepared to count as part of their four years' curriculum any considerable time during which a candidate had given most of his industry to other pursuits, as, for instance, if he had been regularly engaged for the greater part of each day in the duties of some non-medical calling followed by him for his livelihood."

Mr. TURNER said he scarcely thought Mr. Simon's motion met the points raised by Dr. Jacob in his letter—namely, that the Council should be asked to declare that the issue of fictitious certificates could not be tolerated, and that they should not accept a nominal attendance at night upon a course of medical study as a sufficient compliance with the recommendations of the Council. There was nothing in it which expressed the opinion which the Council ought to entertain respecting the question of falsifying certificates, and they ought to have a distinct declaration on that point. If a practitioner appended his name to a death register stating that he was present at the death of that person, or that he attended that person when he did not do so, that was a grave offence, as the Council had already indicated, but it was an equally grave offence if a teacher certified that A. B. had attended his instruction either in the form of lectures or hospital practice when he had not done so. He could not draw the line between the gravity of those two offences, and as they had had before them at that meeting of Council cases in which they had had to express their views as to the gravity of the offence of practitioners falsely signing death registers, they ought equally to express their opinion on the practice of falsifying certificates. He was quite at one with Mr. Simon as to the necessity of all study being *bonâ fide*, but whilst holding this view he felt that they should not throw difficulties in the way of men who were compelled to take means to obtain a livelihood whilst they were at the same time studying medicine.

Dr. MATTHEWS DUNCAN said although he should recommend a different course from that recommended by the motion of Mr. Simon, he entirely concurred with the tenor of his remarks. His first objection to the motion was this, that they were making an entirely new departure in medical legislation, and it was extremely unfortunate at this period of medical legislation to do such a thing. They were asked not only to tell the student how long he was to study and what course he was to study, but they were to tell him how much he was to study. Without the institution of the office of inquisition, or without sending round some official to inquire into the daily occupations of their students, Mr. Simon's motion would be utterly useless, and that would mean the creation of an entirely new system of medical police, which he for one should object to the Council ever undertaking. He hoped they would make no inquiry as to what a student did with his time except by testing him when he came up for examination. That was the test on which they had always relied hitherto, and it was a sufficient test and the best test, especially as the examinations were now made practical, so that a man could not cram for them as he used to do. The fact was the poor fellows who would be injured by the resolution were the men who made the very best students and the most distinguished graduates, and who, instead of being discouraged, ought to be encouraged. With regard to Dr. Jacob's letter, he thought they ought to stigmatise the giving of false certificates by teachers as not only disgraceful but dishonourable, and he should therefore move as an amendment: "The Council, having had its attention drawn by the letter of Dr. Jacob to the use of fictitious certificates, object in the strongest manner to their issue by teachers, and their use by candidates for a licence. They recommend that no certificate be granted to a student who has been absent for more than one-fourth of the lectures required in any course."

Mr. TURNER seconded the amendment.

Mr. COLLINS said two years ago there was a committee appointed by five medical bodies in Dublin to consider the question of attendance of students at lectures, and Dr. Jacob was one of the committee. Certain resolutions were come to which were calculated to do good; but on the whole there was great difficulty found in the matter, and there was no positive recognition of those resolutions by the various bodies in Dublin. He thought that a direct supervision by inspectors both of the medical schools and of the hospitals would be one of the ways of checking these false certificates.

Mr. MACNAMARA thought this subject was a *bête noire* on the brain of Dr. Jacob. One of the schools which gave the certificates he complained of comprised some of the most honourable men in their city, and he was convinced that they never issued what was understood as a fictitious certificate, or any certificate that was not fairly won. They managed it by instituting courses of evening lectures, and the lecturers attended at the hours when the student had an

opportunity of attending and could *bonâ fide* earn his certificate. Dr. Jacob held that a man who was occupied from 10 till 4 was physically exhausted and incapable of absorbing the knowledge that he acquired in the evening; but some of their most brilliant men had been what was termed night students. It was altogether an assumption to say that those schools issued fictitious or false certificates; and he was told that in the City of London some very eminent men, among them Sir Astley Cooper, had delivered courses of lectures at night, a practice to which Dr. Jacob would be as bitterly hostile as he was to the night lectures in Dublin. It would not be right for the Irish members to let such a stigma lie on the Dublin schools.

Dr. STORRAR said he entirely concurred in the views expressed by Professor Turner. It would not do to inquire too narrowly into the manner in which certified men got their knowledge to qualify themselves for their examinations, but, on the other hand, he was very apprehensive of the recommendation of Dr. Matthews Duncan. He did not think the Council could, with advantage, go behind the certificates that were signed by the medical teachers. The Council had declared its opinion as regards the subjects of study and the duration of study. Intermediate between the student and the teacher and the Medical Council were the examining authorities, whose duty it was to exercise vigilance over the certificates. It was as impossible for the Council to undertake to supervise the conditions under which teachers should give certificates as to superintend the examinations themselves. He had thought over this subject for many years, and had seen an enormous amount of iniquity practised in regard to it, but he knew no remedy for the evil other than that which had been already applied by most, if not all, of the examining bodies in England—namely, making the examinations of such a nature as to exclude the possibility of cramming, and absolutely to demand that the candidates should give evidence of actual knowledge of the subjects in which they were examined. The regulations of the London University were of the loosest kind. They simply required that candidates should present certificates of having attended five courses of lectures, but they endeavoured to ascertain their fitness for a degree by examination. It might be a cure for the evil if a teacher, convicted of giving a false certificate, were brought before the Council as being guilty of infamous conduct in a professional respect.

Dr. HUMPHRY thought the Council would not act wisely in passing such a stringent resolution. They simply required attendance on lectures on certain subjects, but they had hitherto wisely refrained from dealing with the number of the lectures. In the University of Cambridge the same liberality was shown as in the University of London; they rather endeavoured to curtail the number of lectures and courses than to extend them, and they did not specify what was to be the duration of them, trusting to the discretion and wisdom of the teachers and students. As a pupil, he himself received certificates for courses of lectures which he really might say he never attended, and he was certain that it was owing to the kindness of the teachers, who felt that it would have been obviously mischievous to him to attend the whole mass of lectures. He felt that it was better for his students that he should exercise a certain discretion in the matter, and he did not require a large attendance on some courses. It should also be borne in mind that some teachers required a very long course of lectures, while others were short. The Council would be injuring the medical student instead of benefiting him if it passed a resolution such as that proposed. It would be better to leave the question open as at present.

Dr. CHAMBERS did not think that any examiners were guided in the slightest degree by the schedules, for they were quite as able to judge without them as with them. He therefore could not vote for anything which would imply the regulation of the schedules by the Council.

Dr. LYONS thought that Dr. Jacob had taken rather an extreme view on the subject of night lectures, and had mixed up with it the question of fictitious certificates, about which there could not be two opinions. Many very distinguished men, both in England and Scotland, had lectured with brilliant success in the evening, and such a practice afforded facilities to a class of men with whom he felt the utmost possible sympathy. He trusted that the Council would never be induced to put any obstacle in the way of men who had a natural desire to join the medical profession, but were obliged to utilise their brains in some other way in order to gain a livelihood. With regard to fictitious certificates, the Bill now before the House of Lords gave (Clause 20) stringent powers to the medical boards, which would sufficiently deal with the matter. He therefore thought it would be wiser just at this moment, when the Council was possibly at the end of its term of existence, not to pass any resolution.

Mr. SIMON amended his resolution in the following manner, and then withdrew it:—"That for the purposes of the Council's Recommendation 21, and of regulations by which the licensing authorities may desire to give effect to it, the 'four years' required to be spent in professional study must be four years during which professional study shall have been adequately followed by the candidate as his true industry and the main occupation of his time, and that, in the opinion of the Council, much caution ought to be used in admitting as part of the four years' curriculum any considerable time during which a candidate had given most of his industry to other pursuits, as, for instance, if he had been regularly engaged for the greater part of each day in the duties of some non-medical calling followed by him for his livelihood."

Dr. DUNCAN'S amendment was also withdrawn.

The Council then proceeded to consider the case of Mr. William Henry Dry, who was charged with "infamous conduct in a professional respect."

The PRESIDENT stated that he had received a certificate from Mr. Dry's solicitor to the effect that the gentleman was still suffering from bronchitis, weakness of the heart, and general debility, and was unable to appear before the Council.

Mr. FARRER (solicitor to the Council) said this was a case in which Mr. Dry was charged with having made a false certificate, the facts being that his assistant, Upfield, attended a case, and after the death of the patient Mr. Dry certified the cause. There was a certain amount of evidence that this had been a practice in Mr. Dry's surgery. Upfield, who was convicted on the same day as Mr. Dry, September 9th, 1882, had been previously convicted on June 10th, 1879. On the trial Mr. Dry attended as a witness, and said he had three establishments. He visited each of the establishments some three or four times a week, and had assistants who were authorised to use his card. On September 8th, 1882, Mr. Dry was fined £10 at Worship-street Police-court for making a false certificate of the death of Henry James Ault.

Mr. TERRY (solicitor on behalf of Mr. Dry) said he had personally known Mr. Dry for some time, and if his client lived till next July he would be seventy-four years of age. He had been in practice nearly fifty years, and this was the first complaint that had ever been made against his character. He was specially noted for his benevolence and goodness to the poor, who in his immediate neighbourhood almost worshipped him. With regard to the statement that Upfield was a totally unqualified man, the facts were that he was an apprentice to Mr. Dry for four years twenty years ago. He remained with him seven years, and was then engaged by a Mr. Galooly as an assistant at the dispensary in the Kingsland-road. He had presented himself for examination but had failed, and it was his intention to come forward again for examination. When Mr. Dry first took the business in 1879 he resided there himself for six months, after which he engaged Dr. Richard Hunt as an assistant, whose health failed; and then Mr. Dry again took up his residence there till last winter, when he had to leave in consequence of the state of his health. He still, however, drove over from Walworth nearly every day and saw the patients who presented themselves. Upfield made up the prescriptions and carried out the instructions as assistant; but Mr. Dry did not believe that he ever represented himself to be a registered medical practitioner. With regard to the conviction, the case was simply this. Mr. Ault's family were among the patients whom Mr. Dry took over when he took the dispensary. The child died of malignant scarlet fever. Another medical gentleman was called in before the death, and it was at his suggestion that the father applied to Mr. Dry for a certificate, and inadvertently Mr. Dry gave it. There was no fraud, and he had nothing to gain by it. His assistant told him there was no question but that it was a case of scarlet fever. That was the sole offence he was convicted for. At the trial the solicitor for the Medical Protection Association pressed heavily for the highest penalty and for costs, but no costs were allowed. Having paid the penalty, Mr. Dry had condoned the offence; and he hoped the Council would not now inflict a punishment upon him which at his age would very likely cause his death.

The Council then deliberated in private, and on strangers being readmitted,

The PRESIDENT (addressing Mr. Terry) said the Council had considered with the utmost care all the circumstances of the case of your client, Mr. William Henry Dry, and they have come to the following resolution, which you will communicate to him:—"That Mr. William Henry Dry having been convicted at Worship-street Police-court of making a false certificate concerning the death of Henry James Ault, a child whom he had not seen, but who had been attended by his unqualified assistant, the Council intimate to Mr. Dry their marked disapproval of his misconduct; but in the exercise of their discretion, do not think it necessary now to remove his name from the Medical Register." You will communicate the same to Mr. Dry.

Mr. TURNER moved, and Mr. SIMON seconded:—"That Dr. Jacob's letter (pp. 118–121 of this year's volume of Minutes) be referred to the Irish Branch Council for such inquiry as they may find needful, and for report."

After a short discussion the motion was agreed to.

The following resolution was brought up from the executive committee:—"That with reference to the subject of personation at the preliminary examinations of the several bodies, referred to the executive committee at the last meeting of the General Council (Vol. xix., p. 38), they are not at present prepared to report."

Mr. MACNAMARA said the reference to the executive committee was in consequence of a resolution moved by himself, that "it is desirable that this Council should know what provisions, if any, are made to ensure the impossibility of personation at the examinations of the several bodies the certificates of which are accepted by them as satisfactory evidence of preliminary examination, and that the executive committee be requested to inquire into and report upon this subject previous to the next meeting to the General Medical Council." He brought that subject before the Council in consequence of a gross case of personation at the preliminary examination at his college. In reply to that most important question they received this bald statement from the executive committee. If they did not give a satisfactory explanation, it was probable that he should move the appointment of an independent committee, which would see that personation was not practised at preliminary examinations.

Dr. HUMPHRY said at the last meeting of the Council a committee was appointed to revise the list of examining bodies, and it therefore seemed advisable to leave the question of inquiry into personation at preliminary examinations until it was decided what examinations should continue on the list. Now that they knew which were to be continued, the executive committee could apply to the bodies to ascertain what steps were taken. The executive committee thought it very important not to be too often sending down inquiries and questions to various examining bodies, and therefore considered it advisable to defer sending these inquiries until the Council had decided what bodies they were to question. They could now, of course, enter upon their work. However, if Mr. Macnamara thought it advisable to propose a special committee to deal with the subject, the executive committee would not in the least regret it.

The Council then adjourned.

THURSDAY, APRIL 26TH.

DR. ACLAND, PRESIDENT, IN THE CHAIR.

Dr. HALDANE moved, (*a*) "That the constitution of the Medical Board for Scotland, as laid down in Clause 9 of the Medical Act Amendment Bill (as amended in Council), is unsatisfactory, and should be amended." (*b*) "That the authorities should be directly represented in the Medical Council." It was manifest, he said, that if the Government Bill became law its working would depend very much upon the local medical boards, under whose control almost everything connected with licences and examinations was placed. They had power to inspect schools and all licensing bodies, and if they saw fit they might recommend that schools be closed and power taken from the licensing bodies. They had also the appointment of examiners for all the final examinations. It was, therefore, of the highest importance that those boards should be so elected as to secure impartiality. No interest should have a vast preponderance over any other. In England there were to be eight members selected by the universities and seven by the corporations; in Ireland six by the universities and five by the corporations. In Scotland, however, the numbers were eight from the universities and only three from the corporations. The English universities were not essentially teaching bodies, for in Oxford there was practically no medical school, and though the Cambridge school was an admirable one, it could not be put in competition with some others. The University of London was purely a licensing body, while the Durham University was practically neither a teaching nor a licensing body, and the Victoria University was still in its infancy. On the other hand, the Scotch universities were essentially great teaching bodies, and the emoluments of the professors almost depended upon the class fees. What was the reason for the great proportion of university representatives in Scotland? It could not be that the universities were older teaching bodies than the corporations, because the contrary was the fact. Till about the middle of the last century there were no professors of medicine in the universities. Then in regard to the numerical preponderance of the graduates over those licensed by the corporations, during the last year the Royal Colleges of Physicians and Surgeons, Edinburgh, gave 180 double qualifications; the Royal College of Physicians and the Faculty of Physicians and Surgeons, Glasgow, gave 23, making a total of 203, while the Scotch universities gave 309. But, in respect of single qualifications, taking an average of five years, the corporations gave 2030, whereas the universities gave only 1299. It should further be borne in mind that all these corporations had a very extensive constituency in the country, numbering many hundreds. Neither could he imagine that the cause of the disproportion to which he had alluded was that the corporation examinations were inferior to those universities. No doubt the first professional examination in the universities was considerably higher than that of the corporations, because a knowledge of natural history and botany was required; but it was with the final examination that the public had chiefly to do, and in those the corporations were not inferior to the universities. The average rejections at the College of Physicians, Edinburgh, in 1882 amounted to 21 per cent.; at the Colleges of Physicians and Surgeons, Edinburgh, where the qualification was a double one, the proportion was 43·9 per cent.; and at the College of Physicians, Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow, 45 per cent. There might be a certain amount of truth in the suggestion that the corporations had the worst candidates, and that on that account the rejections were more numerous; but, at all events, it was clear that they exercised a great amount of care. From his experience as an examiner he ventured to state that the final examinations of the corporations were quite as good as those of the universities. The real meaning of the vast preponderance given to the universities on the local medical boards was a desire to secure their support for the Bill, without which the Government no doubt thought there was little probability of its passing. What would be the effect of the Bill upon the corporations? The Royal College of Physicians, Edinburgh, obtained its charter two hundred years ago, when the university in the city had no medical schools, and did not teach any part of the medical sciences. The university, however, had at that time sufficient influence to get two remarkable clauses inserted in the charter. The first was that the college should never be allowed to be a teaching body; and the second was that every graduate of a Scotch university should, on presenting his diploma, be able to go to the College of Physicians and demand to be made a licentiate. That state of things continued till the college obtained its last charter, about twenty years ago. After the passing of the Medical Act in 1858, a large number of university graduates, whom they would rather be without, such as advertising men, applied to the college and received its licence. He believed that if the Bill passed in its present form the tendency would be to aggrandise the universities and depress the corporations. Next, with regard to the power of the local board to select examiners, the result of that would be that the nomination of the examiners for all Scotland would be in the hands of the universities. A great deal had been said about the liberality of the univerities in admitting extra or additional examiners, and it was argued that that was a perfect safeguard for the students; but in reality the plan did not work altogether as might be expected, because the appointment of the additional examiners was in the hands of the university itself, and no man was selected who was not congenial to the professors. So much was this felt, that in many cases the students were afraid to go up for examination unless they had attended the lectures of the professors. Another result of the proposed constitution of the local board would be

that the Extra-mural School of Medicine would in no short time be completely extinguished. That body consisted of thirty-eight members, who were independent of one another, and it was not incorporated. They lectured upon other subjects besides those in the university curriculum, such as diseases of the ear and the eye, insanity, diseases of children, syphilis, &c. The school allowed the students to hear the opinions of different men on the same subject, and thus to supplement their education. It had proved highly beneficial to the university itself. At one time the teaching of anatomy was at a low ebb there, when, fortunately, Dr. Knox, an extra-mural teacher, conducted classes which were crowded with students. Another important point in connexion with the extra-mural school was that it was a nursery for professors. A man had there the opportunity of showing what he was fit for. As a rule, the extra-mural lecturers had been selected as professors, and where they had not been it had not always proved for the benefit of the university. Naturally a great prestige attached to the universities, the accommodation being much better than the lecturers could supply out of their own resources, and the school had therefore a considerable struggle for existence, being severely handicapped. The Bill would extinguish it altogether, because the students would feel that if they went to the classes of any other professors than those in the university it might go hard with them at the examination. Another abuse had crept in—namely, that some of the lecturers had no text-books, the students being told that they would be examined upon the lectures. This was a short outline of his objections to the proposed constitution of the board. He should be satisfied if the proportion was as in Ireland, six members selected by the universities and five by the corporations.

Dr. HERON WATSON seconded the motion.

Dr. PYLE, in reference to Dr. Haldane's statement with reference to the University of Durham, said there were 130 medical students there attending lectures, and forty or fifty graduates in medicine were passed during the year.

Dr. PITMAN moved, as an amendment, "That the Council do not express an opinion on the question." His object in doing so, he said, was to ascertain the opinion of the Council as to how far it was their desire to discuss questions which, in his judgment, were not strictly within its province. Dr. Haldane did not represent all the medical authorities in Scotland, and he (Dr. Pitman) could scarcely believe that the Bill was unsatisfactory to a large number of those represented on the board. He did not dispute the right of the Council to discuss Medical Bills if they thought proper, but it was a question of propriety, and he thought it would be improper, as the Government had not thought fit to ask their opinion. Their duties were defined under the Act of 1858, and the discussion of medical politics was not one of them. He therefore strongly objected on principle to the discussion of any of the details of the Bill. Dr. Haldane had sought to make out that the Scotch corporations had a grievance because they were not sufficiently represented upon the medical board. The English corporations believed that they had a similar grievance; but what course did they adopt? They went to the Lord President, who listened carefully to their representatives, and he believed that some modification would be made in the original Bill in order to meet their requirements. Why had not the Scotch bodies done the same? Moreover, as chairman of the Business Committee he was somewhat jealous of the way in which the time of the Council was spent, and as one of the treasurers he was careful as to the expenditure of the money. Neither the time nor the money of the Council ought to be expended in discussing the question introduced by Dr. Haldane.

Dr. HUMPHRY seconded the amendment.

Mr. MACNAMARA said the Council had already decided that the Medical Bill should be taken into consideration, and therefore if Dr. Pitman's amendment was not a waste of time and money he did not know what was. He hoped that the amendment would be withdrawn.

Mr. SIMON hoped that the Council would not pass a vote on any of the questions now brought before it. The vote, if passed, would be without significance, but he quite assented to the desire of particular members to express their views on the subject. Perhaps those who took an opposite view from Dr. Haldane would be content to hold their peace, for if the question were discussed at length the whole sitting of the Council would be consumed by it. What useful influence could be exercised if there was anything short of a unanimous vote on any of the points brought before them? If any gross mistake were being made in the Bill in relation to the collective interests of the public or of the profession, and a unanimous vote of the Council were passed, well and good; but the only unanimous vote that the Council could pass would be to wish well to the Bill in a broad sense, and to express their gladness that the Government had heartily taken up the solution of a great difficulty that had perplexed many Governments, and so terminate what had been a professional scandal for at least twenty years.

Dr. A. SMITH was glad that the discussion had been raised, because the opinions expressed would go before the profession and the public, and even if the Council disregarded them they might have their influence, hereafter, elsewhere as effectually as if the Council had voted. The number of candidates examined by the College of Physicians and the College of Surgeons in London was 790, while the English universities only examined 262. In Dublin, also, the candidates examined by the Colleges of Physicians and Surgeons exceeded those examined by the universities. Those were strong facts in support of Dr. Haldane's motion. The case with regard to Ireland was one of great hardship.

Dr. SCOTT-ORR said that the Faculty of Physicians and Surgeons of Glasgow approved of the main principle of the Bill, and he wished that all the members of the Council were of the same opinion. Dr. Haldane had objected to the large preponderance of university representatives; but in the Medical Council, as at present constituted, the representation of the universities of Scotland was exceedingly small, and it was difficult to see why the proportion should have been so long continued. It was also difficult to understand why the university representation should be quadrupled, and why Scotland should be so exceptionally treated. The only reason that occurred to him was that suggested by Dr. Haldane—to secure the political influence of the universities in favour of the Bill. The result of such a representation would be simply to extinguish the influence of the corporations in everything connected with medical education and examination, though they had all along been doing much good and conscientious work; and though their proportion of candidates compared with those of the universities was something like seven to four, the report of the visitors of the examinations at the Faculty of Physicians and Surgeons of Glasgow was certainly as flattering as that made with regard to any other corporation in the United Kingdom. It was inconsistent with the liberal spirit of a measure which recognised the claims of the general medical profession to representation, that three-fourths of the medical board for Scotland should be nominated by bodies so numerically small as the senates of the universities, the majority of the members of which were not members of the medical profession at all. It would necessarily have a discouraging and probably disastrous effect upon the extra-mural schools, to which the renown long enjoyed by Scotland in reference to medical teaching was in a large measure due. In Glasgow there were three distinct extra-mural schools, each with a complete staff of teachers, numbering in all about forty. He considered that the medical board for Scotland should be constituted in pretty much the same way as the boards for England and Ireland. At all events, he would suggest that the proportion might at least be six members for the universities and five for the corporations.

Dr. MATTHEWS DUNCAN said he should support the amendment, but he doubted whether he should have done so if Dr. Haldane and Dr. Scott-Orr had not had an opportunity of making their speeches. He cordially assented to the main points advanced by Dr. Haldane. As a friend of the Scotch universities, he regarded the preponderance given to them on the Medical Board as an injury which they would never cease to feel, and many of the most important authorities in the universities were of the same opinion. If any harm were done to the corporations, the bodies that would suffer most would be the universities themselves.

Dr. STORRAR said he should vote for the amendment. He knew the state of the medical schools in Scotland, and was surprised at the great preponderance given in the Bill to the representation of the Scotch universities; but he took it for granted that there were certain views before the Government which justified the course that had been taken; and even if the Government were wrong, the matter could not be put right by any vote of the Medical Council. Scotch peers and members of the House of Commons could represent the views of the corporations, and he thought they would be prejudicing their own case by seeking a decision by the

Medical Council. For these reasons he was in favour of the amendment.

Mr. TURNER would also support the amendment. The matter was one which had reference to Scotland only, and he did not think that any vote of the Council would settle it. If any change was to be effected in the constitution of the board, it should be by other agencies than those which the Council could bring to bear.

Dr. HERON WATSON maintained that matters connected with the constitution of the board which were to regulate the admission, and to supervise the whole course of education and examination, were of vital importance to the Council, and therefore he could not agree to Dr. Pitman's amendment. The case of the University of St. Andrews required special consideration. It might be said that as it was not a medical teaching body it could hardly have any claim to representation. But how was it that it had been reduced to its present impoverished condition? It possessed the right to grant degrees from the year 1411 down to 1858, when a change was made in its constitution. St. Andrews was a thorn in the side of the Universities of Edinburgh, Glasgow, and Aberdeen, and she was therefore treated as a poor little sister to be put out of the way. Then why were the corporations to be deprived of the dignified position which they at present occupied? It had been asserted that there was a want of due vigilance on their part in admitting men to their examinations, but the figures that had been quoted with regard to rejections testified that they had exercised reasonable discretion in the matter. If the Bill passed, the influence of the corporations would be entirely subverted, and no one, unless actually a university professor or some one not opposed to university interests, would be permitted to act under the authority of a board so constituted. The students would therefore only attend the lectures of those who would be their examiners, and it would be possible for those professors so to conduct their examinations as to compel students to take out their courses more frequently than was required by the curriculum, so as to secure the greatest certainty of success when they came before the examiners. No doubt it might be urged that as any scheme of examination must be approved by the Medical Council and the Privy Council it was impossible that such an outrage could be committed, but when it was remembered that the representatives on the Council would inevitably be university men, what chance would the corporations have against such odds, especially as it would involve the expense and trouble of vexatious journeys by deputations to London? It must further be remembered that while the universities were represented in the House of Commons, and were connected by many ties with members of the House of Lords, the medical corporations had no representatives in the House of Commons specially selected to consider their interests, had no connecting link with the House of Peers, and had no honorary distinctions with which to acknowledge the disinterested services of influential persons. The method by which he would be inclined to meet the difficulty would be to place upon the Board of Scotland three members of each of the Scotch corporations. That would give them a majority of one, which was not an unreasonable demand, considering that the corporations returned nearly twice the number of licentiates that the universities did.

Dr. HUMPHRY said that whatever benefit was likely to result to the Colleges of Physicians and Surgeons by the consideration of the question by the Council would be already gained by the speeches made by the representatives of those bodies. For the Council to express an opinion upon it would, however, be regarded as an assumption on their part of a duty which did not belong to it. Even if it were their duty, had they the requisite knowledge? He confessed that with regard to the Extra-mural School of Edinburgh he did not think they were able to form an opinion. But the great objection to the resolution was that they had not been asked to consider the question. He should support Dr. Pitman's amendment, not because he desired to vote against the Scotch corporations, but because he wished to be held neutral.

Dr. PETTIGREW said that he had recently heard that there was to be an amendment in the House of Lords with a view of excluding St. Andrews altogether from the Medical Board, but he did not see upon what principles of justice that could be effected. So far as he understood it there was nothing that could be said for the University of London that might not be said with equal force for the University of St. Andrews. It had been rather the custom to decry its examinations, but he failed to see in what respect it did not examine its students properly.

Dr. HALDANE asked permission to withdraw his motion.

The PRESIDENT said that the object sought would no doubt be gained by the discussion that had taken place. He thought, however, it was greatly to be regretted that they should occupy the time of the Council in discussing a Bill which in a very few hours would probably have passed the House of Lords.

Mr. SIMON suggested that it would be better if Dr. Haldane accepted Dr. Pitman's amendment, instead of withdrawing his motion. That would serve as a precedent on which to act in regard to the other amendments that had been proposed.

Dr. PITMAN said they had expended two hours upon a discussion which they were now asked to wipe out altogether from their memories. He thought it would facilitate their proceedings if his amendment were adopted.

Dr. HALDANE'S motion was then withdrawn by leave of the Council.

Dr. A. SMITH and Dr. PETTIGREW also withdrew their notices of motion, in which other amendments had been proposed.

Dr. PYLE, in withdrawing a motion of which he had given notice, said that he had recently returned from Riviera, where there was an increasing tendency not to allow British medical men to practise without taking degrees in medicine in the University of Paris. The consequence was that Englishmen were obliged to call in French doctors, many of whom could not speak English, and the results were sometimes extremely serious.

Mr. MACNAMARA withdrew several of his notices of motion, but proposed "Clause 3, page 1, line 19, after 'mentioned,' insert 'and has been affiliated to, and obtained a medical diploma from, any medical authority under this Act.'"

Dr. PYLE seconded the motion, but it was negatived without further discussion.

Dr. QUAIN proposed, "That in Clause 4 of the Medical Act Amendment Bill (as amended in Committee) the words 'subject to any local law' be struck out, seeing that if colonial practitioners are admitted to practise in this country on simple registration, which is provided for (Clause 21), it seems scarcely fair to impose local laws on registered British practitioners." He said that at one time there was a local law in Canada to the effect that there should be a fee of one hundred guineas for registration. He should be glad to have it made clear that the Colonial Legislature would not impose restrictions on a British practitioner to which colonial practitioners were not subject in England.

Dr. HUMPHRY and Mr. SIMON pointed out that every security was given for ensuring reciprocity.

Dr. QUAIN.—Then I have not a word to say.

Dr. QUAIN also withdrew a notice of motion which stated that it would be most objectionable to repeal the portion of Section 4 of the Dentists Act which prohibits prosecution by private persons.

Dr. A. SMITH also withdrew a motion of which he had given notice, for giving three members, as at first proposed, to the Queen's College of Physicians, Ireland.

In answer to a question by Mr. Turner with reference to the proceedings of the Council in the event of the Medical Bill passing,

The PRESIDENT said that as long as the Council existed it ought to endeavour to perform its duties. He saw no more reason at present for changing the course of procedure than he did five years ago, and unless otherwise instructed he should, as hitherto, be guided by circumstances in the matter of summoning a meeting.

The duties of the present Council would remain the same until the new Council came into office.

Mr. TURNER inquired whether a meeting of the Council would be necessary in order to transfer property, &c.

The PRESIDENT said he could hardly answer the question, and should perhaps take the opinion of one of the law officers of the Crown on the subject.

Dr. LYONS said that transfer of the temporalities of the Irish Church to the Church Commissioners afforded a precedent as to the way in which one body might take over the functions of another.

A vote of thanks was then passed to the President, and also to Dr. Pitman (Chairman of the Business Committee), to the Treasurers (Dr. Quain and Dr. Pitman), and to the Registrar (Mr. Miller).

The sittings of the Council then terminated.

THE LANCET.

LONDON: SATURDAY, MAY 5, 1883.

THE passage of such a Bill as the Medical Act Amendment Bill, with the amendments, through the House of Lords makes it more and more essential that the measure should, with or without modification, become law. The existing order of things cannot survive the shocks which it has experienced from—first, the Select Committee; second, the Royal Commission; and now the grave proposals of the Government, which have been accepted in the main by the Conservative branch of the Legislature. When we see the ease with which two Corporations have been abolished in the House of Lords, we may be sure that the time has come for all corporations to make the best terms they can. We are far from thinking that the Bill is perfect, or that it goes down to the House of Commons with nothing in it for Mr. MUNDELLA to improve. The modifications which have been introduced into the Bill at the instance of the Corporations may well satisfy these bodies. They may be well assured that if the Bill were by any accident to be now lost the future proposals of any other Government would probably be less respectful to their interests. The knot would be cut, and not untied; and the State would propose the supersession of old and unpractical bodies by new ones, more plastic and reasonable. Let it be noticed that the two superfluous Corporations that have been dropped in the House of Lords have been dropped on the motion of Lord SALISBURY.

We shall content ourselves at the present moment by indicating the chief points secured by the Bill as it now stands; the particulars in which it differs from the Bill as originally introduced by Lord CARLINGFORD; and the points on which improvement or amendment is still desirable.

1. THE CHIEF POINTS GAINED BY THE BILL AS IT NOW STANDS.

(1) *Reform of the Medical Council.* This in three respects: (*A*) *Direct Representation.*—For the first time in any Government Bill the principle of the direct representation of the profession is conceded. The medical profession has supplied the funds by which all its Corporations and the Medical Council have been maintained; but, excepting for this purpose, it has been hitherto ignored alike by the Corporations and the Medical Council. From the day of taking his diploma till his death, the holder of the diploma has never heard from the Corporation of whose title he is supposed to be so proud, and to whose censorship professional morals are supposed to owe their existence. The Medical Council has been equally contemptuous of the members of the profession. It has on every occasion disapproved of any proposal for giving a voice on questions of medical education to members of the medical profession as such, unless they were also members of the charmed circle which governs the Corporations. The justice and the generosity which the profession have looked for in vain from its own Corporations and the Medical Council, they are now getting at the hands of the Government, on the recommendation of a Royal Commission bearing the full approving signatures of Sir WILLIAM JENNER and Dr. ROBERT MCDONNELL. This of itself is a great reason why the members of the profession in every district and division of the kingdom should personally, and in professional bodies, ask for the Bill the support of their representatives in Parliament.

(*B*) *The Abolition of the Individual Representation of Bodies on the Medical Council:*—The Bodies—Universities and Corporations—grouped in each division of the kingdom—in other words, the Divisional Boards—will now be represented by eight members: the Board of England by four, the Board of Scotland and of Ireland, respectively by two. It may be hoped now that in the Medical Council we shall have an end of those interminable discussions on small points affecting the interests of nineteen individual bodies, and see a broader view of all questions affecting the profession and the public.

(*C*) *The Council will not only be reformed as above, but it will have the Power of Controlling the Medical Boards and their Schemes, subject only to the right of appeal on their part to the Privy Council:*—The *asthenia* of the old Council, which made it so helpless, is not to be continued. It will have enlarged powers, too, of controlling the professional conduct of registered medical men. Though we have some requests still to make of the Government, we cannot but feel grateful for such a threefold Reform of the Medical Council, as represented in A, B, and C, which we have so long and importunately demanded.

2. THE CREATION OF DIVISIONAL MEDICAL BOARDS.

This is a feature of the Bill only less important than the above Reform of the Medical Council. These Boards will be composed of representatives of all the Universities and Corporations in their respective divisions of the kingdom, and will have a weight of interest which cannot attach to the deliberations of separate Corporations working for their own ends. Their functions will be most important. They include the initiation of schemes for the final examinations, the appointment of examiners, and the determination of the nature and details of the examinations. The creation of such Bodies may well excite the interest of the members, especially the younger members, of all educating and examining bodies.

Under the 10th Clause, prescribing the duties of the medical boards, it is enjoined that the rules with respect to final examinations shall be framed to secure as far as practicable, in such part of the United Kingdom an equality of standard in such final examination, and an equal capacity for testing proficiency. Were such complaints of inequality as now obtain to survive the changes effected by this Bill they would be likely to excite a very searching examination by the Medical Council.

3. ABOLITION OF SUPERFLUOUS CORPORATIONS.

Two Corporations, as we have said, have already been dropped out of existence by the Bill. We can only hope that as England and Ireland have had to part with one, Scotland must soon also be similarly relieved. Our view throughout has been that this proposal should have stood an original part of the Bill. The respectful thing to superfluous bodies is to abolish them respectfully, not in the

casual sort of way in which the two Apothecaries' Societies have been dropped.

Coming, briefly, to the particulars in which the Bill as it stands differs from that introduced a month since by Lord CARLINGFORD, we need only notice the disappearance of the proposal for an annual registration fee, the exclusion of the Apothecaries' Societies from the Medical Boards, and the alteration in Part IV. referring to medical titles, &c. Only the last-named alteration need detain us here. It is the only serious alteration in the Bill which we hope the Government will reconsider. As the Bill originally stood, the person passing the final examination of the Divisional Board was to be entitled to use the title of Licentiate of the Medical Council in Medicine, Surgery, and Midwifery, and to have such a title registered. No other title was to be entered in the Register in the case of persons whose registration had not taken place before an appointed day—i.e., under existing conditions,—unless, in the opinion of the Council, it implied a "higher" degree of knowledge than that necessary to gain a qualifying diploma. To please the Corporations two changes have been made here: firstly, that the person becoming entitled to be registered by passing the final examination shall have no title to register; and, secondly, that all diplomas granted by any of the authorities may be registered. This is done, of course, not willingly, but to appease the Corporations whose sins have necessitated legislation, but who wish still to monopolise the power of granting titles. The Government have paid too dearly here for the conciliation of the Corporations, who have no right to object to the title of Licentiate of the Medical Council, and who ought henceforth to dispense only higher titles. Their legitimate interests are amply safeguarded in the clauses constituting the Divisional Board. If Mr. MUNDELLA will improve this part of the Bill, he will be doing justice to generations of students, and will be carrying out the views of the Royal Commission.

THE good people of Highbury should feel somewhat flattered that their district has been the arena of an important discussion on hospitals. It is true the Duke of WESTMINSTER did not put in an appearance. Dukes are apt to fail in this respect. But his very absence, and the reason he gave for it, contributed powerfully to the discussion of the important question at issue. This question was not so much "Shall there be a new hospital?" as "Shall there be a hospital on new principles?" Some of the speakers, notably Lord GEORGE HAMILTON, expatiated on the beauty of hospitals, and the good feeling which they engendered between the rich who support them and the poor who primarily have the benefit of them. But other principal speakers, such as Professor LEVI, Mr. BURDETT, and Mr. BURDETT COUTTS, made it clear that the hospital is to a great extent to be a pay hospital, in which patients are to pay and doctors are to be paid. It is true that the poor are to have accommodation, but only as a part of a larger scheme for providing hospitals for all classes, in which patients are to pay according to the street they live in, or the rent of their house, or the scale of their income. It is this feature of the hospital which could alone justify the promoters in what otherwise seems very like an unseemly competition with hospitals already established, and urgently needing more liberal support from the public. The Great Northern, the German, the Royal Free, the Metropolitan Free, the University College, Middlesex, and the Temperance Hospitals, minister most valuably to the wants of the people of this district. And we must not omit to mention the value to them of the proximity of Bartholomew's, whose gates are always open to serious cases, as all the practitioners in the North of London will testify. Besides these institutions the district in question has one or two very good Dispensaries. The Holloway and North Islington Dispensary, and its various branches, are known to supply a medical need to a very large part of Holloway, Highbury, and Ball's Pond, paying, in the course of the year, some 10,000 visits to the homes of the poor. All these charities are known to want support, excepting, of course, Bartholomew's. The Great Northern, as the Duke says, is actually in the field for a new and larger building. Under these circumstances, to ask for a new hospital, except in pursuance of a new principle, seems to us, we repeat, somewhat unjustifiable. We come, then, to the question, Does the new principle—the pay principle—justify the promoters of last Saturday's scheme? In other words, shall we commercialise the hospitals—make the poor pay, and pay the doctors for treating them in hospitals? If so, what is to become of the beautiful feelings described by Lord GEORGE HAMILTON, generated by the hospital system? We have no apology for abuses of hospitals. Let all unfit cases be weeded out of them. But after their elimination there will remain plenty of misery, plenty of medical and surgical calamity, which should find accommodation "without money and without price." For the ordinary ailments and diseases of life in a working man's family provident arrangements may be made, but in a population of four millions there will remain accidents, ulcers, cancers, epilepsies, consumptions, diatheses which impoverish, and which, if not helped by Christian hands and hearts, will demoralise the victims, and drive them to despair. Is this Christian help to be forthcoming as heretofore, or are we to starve hospitals or turn them into shops or hotels? We think not, and we take the vote of Saturday to imply that the inhabitants of North London mean to be more liberal than heretofore in supporting and extending the hospital charities of their district, and not to leave them so much as they have done to the benevolent outside. For those who can pay there is no place like home, and for charitable well-to-do people there is no pleasure greater than to make a comfortable bed in a good hospital for a man, woman, or child who may need it. If the paying classes must have hospitals, these will be forthcoming. Let us first provide generously for the poor.

THE abolition of compulsory examination of women, and of its necessary sequel, compulsory detention, by the recent vote of the House of Commons, is so important from the hygienic point of view that we have summarised the results that have been obtained since the passing of the Contagious Diseases Acts, so that advocates of a voluntary system like Mr. CHILDERS may be under no misapprehension as to what voluntary efforts must do in order that they may efficiently take the place of the compulsory clauses.

The advantages claimed by the supporters of the Acts are

(1) the prevention of disease and the diminution of its severity in the Army and Navy and among the prostitutes in the places to which the Acts apply, and (2) social improvements in the districts under the Acts dependent on their administration. These social improvements are a reduction in the number of brothels and prostitutes, an improvement in the character and conduct, and a large reclamation of prostitutes generally and of juvenile prostitutes particularly. The deterring influence of the compulsory clauses on young girls tempted to pursue a vicious life must also be taken into consideration. The number of cases per 1000 of primary venereal sores admitted to hospital from the regiments stationed in the districts under the operation of the Acts has diminished from 91 in 1867 (the year in which the Acts were first applied), to 35 in 1877, and to 40 in 1878, when the Reserves were called out. Even if we exclude the years since 1873, when Lord CARDWELL's order stopping the pay of soldiers in hospital with primary venereal disease came into force, we find that the proportion per 1000 had fallen to 50. If we compare with these results those obtained from all stations which have never been placed under the Acts, we find that, instead of a continuous and regular fall, we have a fluctuating and irregular decrease from 101 in 1867 to 81 in 1873, 68 in 1877, and 88 in 1878. The large increase in the last-mentioned year is especially suggestive and noteworthy; for whilst 5 per 1000 is the increase attributable to the Reserves in the protected districts, no less than 1 man in every 12—Reserves and regulars—must have contracted the disease in the unprotected districts. We would particularly call the attention of the advocates for repeal to this fact, as shown at page 5 of the Minority Report drawn up by Mr. STANSFELD. The daily saving in the efficient strength of the Army attributed to the operation of the Acts is calculated by Inspector-General LAWSON to amount to 258 men in fourteen places under the Acts only—viz., Devonport, Portsmouth, Chatham, Woolwich, Aldershot, Windsor, Shorncliffe, Colchester, Winchester, Dover, Canterbury, Maidstone, Cork, and the Curragh. From the Army Medical Department Report for 1878, we find that 40 per 1000 were admitted to hospital for primary venereal sores, whilst 131 per 1000 were admitted from fourteen stations not under the Acts, although the average strength in the former stations was 55,813, against 20,749 in the latter. The number of registered prostitutes has diminished from 2650 in 1870 to 1879 in 1880, and this decrease has been fairly uniform; and the amount of disease checked by compulsory periodical examination—the vital part of the legislation—may be estimated from the following statistics of the ratio of cases of disease per 100 examinations made by the visiting surgeons, copied from the Report for 1880 of the Assistant Commissioner of the Metropolitan Police:—

1865—76·24	1869—13·90	1873—7·62	1877—7·40
1866—66·40	1870— 8·19	1874—6·97	1878—7·65
1867—59·20	1871— 7·55	1875—6·26	1879—8·05
1868—39·77	1872— 8·40	1876—6·41	1880—8·75

A reduction from 76 per cent. in 1865 to 7 and 8 per cent. during the past ten years is thus shown. The consequences to the health of the community of such a diminution must be so evident to every one, that even though he may be prejudiced against the Acts on other grounds, he will be amazed at the recklessness of the Legislature in vetoing the compulsory clauses, and, by removing the one essential condition on which their benefit depends, practically repealing the Acts. Their value in the prevention of disease is shown, not only by this reduction, but by checking much of the disease that is imported into the districts from places outside the Acts; for in 1877 61·3 and in 1880 66 per cent. of the women who were known to have come into the protected districts from outside places were found to be diseased on their first medical examination. It is in detecting these cases that the compulsory clauses are especially valuable, and we fail to see how any substitute for them can be found. In two years only, 786 diseased prostitutes have been stopped from pursuing their career by being compelled to undergo a medical examination, and surely anyone who is acquainted with the ravages of syphilis, and its remote effects upon, not the individuals only, but their descendants, must see herein an ample justification for restraining the civil liberty of the subject. We shall refer to the social improvements due to the administration of the Acts in another article.

THERE is not much more to be said about the recent meeting of the Medical Council. The attempt to get up a discussion on the Medical Bill signally failed, from the double feeling that as the Council had not been asked its opinion, its dignified course was not to give it; and, secondly, a sort of foregone conclusion that the action of Government is an inevitable result of the recent inquiry and report of the Royal Commission against which it is more than useless to fight. Members of the Council, gifted with much power of reflection, might well think that their long-continued opposition to reforms now recommended by a Royal Commission had had a disastrous effect, and that further opposition to the inevitable, even if successful, would only in the long run bring about more disaster. Under the new Bill some changes will be made in the judicial powers of the Council. One of these will make clear that the Council may remove a name *for a time* from the Register. Another will give power to persons who may feel aggrieved by the judicial action of the Council to appeal to the High Court of Justice.

Strangely enough, the chief duties of the Council at the recent sitting, next to their action in the matter of unqualified assistants, were of a judicial character. No less than five cases had to be adjudicated on by the Council. The particulars of these, respectively, will be found in our reports of the proceedings of the Council. The profession will not complain that the Council has been too severe in its judgments. Its leniency in these cases is not calculated to have a very deterrent effect on a system which has been shown to be very extensive, essentially fraudulent, and highly injurious to the poor, and it goes far to justify Dr. OGLE's stinging complaint which we quoted last week.

The speeches of Dr. HALDANE, Dr. HERON WATSON, and Mr. SCOTT-ORR contain most that can be said for the Corporations of Scotland. But they evaded any notice of the chief grounds for giving these Bodies less power in medical education than they have hitherto had—viz., their sale of Fellowships, and the concensus of opinion that, the large rejections notwithstanding, their examinations have seriously lowered the standard of professional attainment.

The whole meeting, and especially the winding up of it,

had a sort of final, not to say funereal, character about it. It is impossible, of course, to say whether the Council will be disestablished in the present session; but everything points to this event, and to the desirableness of introducing the new order of medical institutions.

Annotations.

"Ne quid nimis."

THE ROYAL RED CROSS.

To mark her appreciation of the valuable service done to our wounded and sick soldiers and sailors by ladies who may be willing to undertake the important duty of nursing in the military and naval hospitals in war, Her Majesty has been graciously pleased to institute a new decoration under the title of the Royal Red Cross. It is to consist of a "cross enamelled crimson, edged with gold, having in the arms thereof the words Faith, Hope, Charity, with the date of the institution of the decoration," and on the obverse the Queen's effigy in the centre, and the Royal and Imperial cipher and crown shown in relief. It is to be worn on the left shoulder attached to a dark-blue ribbon, edged red, tied in a bow. The decoration is to be conferred upon ladies who may be recommended to Her Majesty by the Secretary of State for War on account of special exertions in providing for the nursing, or for attending to sick and wounded soldiers and sailors. The names of the recipients are to be published in the *London Gazette*, and a registry of them kept at the War Office. Power is reserved to erase the name of any person on the register who may be guilty of unworthy conduct, but in such case the Sovereign shall be the sole judge of the conduct which may be deemed to call for erasure. The institution of such an order of merit cannot but be hailed with satisfaction by all who take an interest in the welfare of our soldiers and sailors. There were few things half a century ago which needed more improvement than nursing both in military and civil hospitals, and there are few which have undergone a more marked change for the better. The glorious example set by Florence Nightingale in the Crimea, and the wonderful improvement in the condition of the sick and wounded effected by her energy, devotion, and sound judgment, initiated a system which has been productive of much benefit, and has developed a class of practical sympathisers. We fear that in the laudation of more recent workers the eminent service she rendered has been too much forgotten; but we feel sure that in the history of our army a prominent place will always be given to her honoured name. It is gratifying to see the good effects of her example made manifest in the development of Red Cross Societies and similar benevolent institutions, and that such humane and loving work is not overlooked by Her Majesty. There may be some reason to fear that the desire to earn so honourable a decoration may in some instances work injuriously by making zeal outrun discretion; but we trust that a careful selection of the recipients on the grounds of special devotion, coupled with competency, may have the effect of preventing any such untoward result, and that due care may be taken to preclude any unwarranted interference with the orders of the responsible medical officers on the part of the ladies employed in these important and arduous duties.

LOCOMOTOR ATAXY.

ALTHOUGH we have learnt much during recent years of the nature of locomotor ataxy, there is no doubt that much yet remains to be done to clear up the antecedents and all the possible consequences of this seemingly protean affection. It has been the custom to look upon the sclerosis of the postero-external column, or posterior root zone, as in the majority of cases of the nature of a primary degenerative change. Certainly it is a fact of much importance, and of much difficulty of explanation, that the posterior columns of the spinal cord should be so prone to become diseased, and so little able to recover when once affected. No doubt damage of any species occurring at the postero-external column would give rise to all the signs of tabes dorsalis, but it is of great importance to discover whether the pathological nature of the lesion is of uniform or varying origin. It is conceivable that vascular changes may be the proximate cause of the degeneration in some cases. M. True, in some recent numbers of the *Lyon Médical*, has debated the relationship which may exist between cardiac disease and locomotor ataxy. Thirty-five observations in which the association of tabes dorsalis and cardiac disease was observed, in twenty instances the aorta was the affected part, in ten the mitral, and in the remainder the alteration was vague. Appealing to the well-known laws of causation under such circumstances, there would appear to be four possible hypotheses. The cardiopathy may have originated the tabes dorsalis; the tabes may have engendered the heart disease; the two lesions may be simply coincidences; and, lastly, the changes may be the collateral results of a common antecedent. The future, no doubt, alone will be able to decide which is the true explanation. In the present condition of pathological learning the chances that the association is one of what cannot be called by any other name than "coincidence," but without the adjective "mere," are certainly not small. M. Renaut is of opinion that the triple alliance in one individual of painful ataxy, interstitial nephritis, and aortic regurgitation, forms a well-marked type of disease; according to him, the valvular disease and the renal affection may be regarded as of the nature of trophic changes secondary to the tabes dorsalis, which would thus be considered to have been operative by the production of an endarteritis deformans. Profit must attach to such thorough speculation as is here presented, but the need for caution greatly increases as we thus proceed in the forest of pathological conjecture.

THE PARKES MUSEUM.

THE announcement which we made last week of the formal opening of the museum on May 26th may be supplemented to-day by a brief description of the alterations which have been effected, and which are now completed. Under the superintendence of Mr. E. C. Robins, the internal divisions of the rooms have been removed, with the result of obtaining a main hall of spacious dimensions, lighted by an excellent skylight, which serves also for purposes of ventilation. Round this hall a gallery, nine feet above the ground, has been placed, and thus the space for the display of articles has been enormously increased. There is a secondary room, about one-third the size of the main hall, which is also surrounded by a gallery, and which is intended for a library and council-room. Besides, there is an office for the transaction of business, and two admirably lighted corridors, one of which will be mainly devoted to the display of Mr. Twining's food collection, while the other is appropriated to the exhibition of waterclosets and other sanitary appliances. This latter is furnished with water-supply and drainage, in accordance with plans which have been carried out under the direction and at the expense of Mr. Rogers Field, and it will thus be possible to exhibit apparatus in action. The heating and lighting arrangements also have been completed. Facilities will be offered to all teachers of hygiene, who become members of the museum, for using the museum for the purposes of demonstration and instruction. A donation of £10 10s., or an annual subscription of £1 1s., is the fee for membership. The resources of the council have been very heavily taxed in carrying out the

alterations specified above, but there can be little doubt that the council will meet with liberal support from all who are interested in sanitary progress, and that subscriptions and donations sufficient to enable them to purchase the lease of the premises will be forthcoming. All members and life members will be entitled to attend the opening ceremony. Prospectuses setting forth in detail the objects of the museum and the privileges of members may be obtained on application at the museum, 74A, Margaret-street, Regent-street. Among those who have already accepted the invitation of the Council to be present at the opening ceremony are the President of the Local Government Board, Sir Spencer Wells, and Lord John Manners. It is expected that Lord Granville and Lord Derby will also be present.

VOLUNTEER MEDICAL ORGANISATION.

THE second meeting in connexion with this Organisation was held on April 27th in the Board Room, Charing-cross Hospital. All those interested in the subject were invited by the committee to attend. Amongst those present were Surgeon-General Hunter (Chairman), Surgeon-General McKinnon, C.B., the Hon. Colonel Paul Methuen, C.B., Andrew Clark, F.R.C.S., John H. Morgan, F.R.C.S., Surgeon-Majors Beattie, Cross, and Evatt, A.M.D., Andrew Maclure, Esq., Dr. Danford Thomas, John Furley, Esq., Major Gilden, Dr. Stephenson (Woolwich), Dr. Havey Hill, and representatives from most of the volunteer regiments in London. Dr. Evatt again explained the object of the movement. The following resolutions were passed, the first being proposed by Mr. Platt and seconded by Mr. Morgan:—"That communications be sent to the dean of every medical school in the kingdom, explaining the object of the organisation, and to obtain from them representative names to be placed on the committee." The motion was unanimously carried. Proposed by Dr. Maclachlan and seconded by Mr. White, "That the War Minister be petitioned to grant to surgeons the opportunity to proceed to a military school to obtain special instruction in ambulance drill." The motion was unanimously agreed to. Most of those present joined in the discussion. The Provisional Committee, with Mr. Cantlie as Honorary Secretary, was constituted an Executive Committee, with powers to add to their number.

THE PATHOLOGY OF NOMA.

THE possibility of the dependence of noma on the presence of micro-organisms is certainly not small. More than the usual number of difficulties would, however, appear to surround the investigation of this severe disease. Inducing gangrene at an early stage of its procedure, the disease tends to become mixed up with a septicæmia or sapræmia, the outcome of the putrefactive changes in the necrosed tissues. So that organisms found at the site of the local disease or in the circulatory fluids of the body, unless they assume morphological appearances of an unusual kind—apparently a very unlikely occurrence,—might either be specifically related to the disease or be nothing more than septic bacteria. Hence we are not disposed to place much reliance on some recent investigations made by Batta Segale. Micrococci and bacilli were demonstrated in the detritus obtained from the gangrenous sore; moving rods and vesicular corpuscles of a bluish tint were detected in the liquor sanguinis of some blood obtained from the tip of the finger. The bacteria were cultivated outside the body. Inoculations were performed on male and female guinea-pigs; in the former some blood from a diseased child was injected into the external jugular vein; the blood of the animal soon after was found to contain bacilli. Nevertheless recovery ensued. The female guinea-pig was inoculated in the lower lip with the contents of a Pravaz' syringe filled with fluid in which the bacteria had been cultivated. The following day gangrene appeared at the site of vaccination. Examination of the detritus of the affected part detected numerous micrococci, vibriones, and a few bacilli, all endowed with an oscillatory motion. The blood was normal till the eighth day, when some rod shapes were observed. Notwithstanding the animal recovered. We need hardly point out the sources of fallacy in the observations sketched above. There would be but little objection to the notion that purely septic fluids and bacteria would be quite competent to explain the whole of the phenomena observed. The vesicular corpuscles mentioned possibly owed their blue tint to the non-use of an achromatic condensing lens. Neither the kind nor the powers of the microscope employed are named, nor is anything said of the sort of fluid used for cultivation. Although much may be learnt from the employment of the simple forms and only moderate powers of ordinary microscopes, there can be no doubt that a condensing lens of achromatic properties, with a homogeneous medium, obtained either by oil or water immersion lenses, have now become essentials for really efficient high pathological work.

MR. W. A. FORBES.

IT is with much regret that we note the death of Mr. W. A. Forbes on January 11th of the present year from dysentery. Mr. Forbes held the office of Prosector to the Zoological Society, an office requiring much knowledge and skill, but affording large opportunities for obtaining information. Mr. Forbes left London in the course of last summer on an expedition up the Niger, and anxiety was felt for his safety some months ago on account of the continued absence of news of any kind from him. Mr. Forbes was a well-known writer on zoological subjects. We have recently had occasion to refer to the important memoir he contributed to the reports of the *Challenger* expedition on the Petrels, a group of birds that had previously to his researches received but little attention at the hands of naturalists. He had also edited the collected papers of Professor Garrod, who formerly held the same office of Prosector to the Zoological Society, and is stated to have continued the important work on the organisation of birds, which had been commenced by Garrod, though no part of the work has as yet been published. Mr. Forbes had not attained the age of thirty years. He was a Fellow of St. John's College, Cambridge, and was last year elected lecturer on comparative anatomy to Charing-cross Hospital. Though only appointed Prosector in the winter of 1879, he had diligently worked in the dissecting rooms of the Zoological Gardens for several years, and had laid a foundation of solid anatomical knowledge which gave great promise for the future, and had already rendered him conspicious in the Tripos examination at Cambridge. His loss will be severely felt, and it will be difficult to fill his place in the staff of the Zoological Society.

INFECTIOUS DISEASE NOTIFICATION IN SALFORD.

IN his Quarterly Health Bulletin for the three months ending March last, Dr. Tatham, the medical officer of health for the borough of Salford, reports upon the result of the Act for the compulsory notification of infectious disease in Salford, which came into operation at the end of last year. During the first three months of this year 267 entries were made in the Salford Sickness Register; these entries record 1 case of small-pox, 160 of scarlet fever, 16 of diphtheria, 4 of typhus, 79 of enteric fever and 7 of puerperal fever. These we presume, include all the diseases of which notification was made compulsory by the recent local Act; notification of whooping-cough, which was the most fatal zymotic disease in Salford

last quarter (causing 41 deaths), and of measles not being enjoined. The operation of the Act, so far as may be judged by the proportions between the reported cases and the deaths from the several diseases, appears to be satisfactory, and cannot fail to afford invaluable assistance to the energetic medical officer of health of the borough in his efforts to control zymotic prevalence and fatality. The fact that 160 cases of scarlet fever were reported, although only 11 deaths from this cause were registered, appears to prove both that the provisions of the Act have been loyally carried out and that the type of the disease prevalent must have been of a non-fatal character.

THE ULTRA-VIOLET RAYS.

ONE of the most exemplary instances of the littleness of our knowledge, and at the same time of the various modes of manifestation of external phenomena to our senses, was the discovery of an invisible spectrum situated at either end of the visible rainbow. Such an example of the inefficiency of our sensory organs is well calculated to make us cautious in making statements of the extent and depth of our knowledge. It is only a certain phase, and that probably a very limited one, of the presence of external phenomena with which we can be acquainted. The ultra-violet rays which make up what has been called the chemical part of the spectrum can be rendered evident by the property they have of decomposing the salts of silver. Although the sunlight contains many, yet the electric light obtained from two carbon points is immensely richer in, ultra-violet rays. As Stokes first pointed out, a silvered mirror possesses the singular and useful attribute of being able to filter off an almost pure ultra-violet medium, almost nothing but such rays finding their way through. M. de Chardonnet has endeavoured to ascertain the behaviour of these rays to the ocular media, and has determined that they can traverse the cornea and vitreous humour, but are absolutely intercepted by the crystalline lens, so that under normal circumstances the sensitive plate of the retina is unaffected by them. In order to determine the precise *rôle* played by the retina, recourse was had to two persons on whom the operation of extraction of the lens had been successfully performed. These individuals were placed behind a glass coated with silver, before which an electric arc burned. From descriptions of the form and movements of the arc given by the observers, of which arc they had no knowledge prior to experiment, it was proved that the ultra-violet rays did affect the retina.

FISH DINNERS FOR PAUPERS.

IT is much to be regretted that a well-conceived idea of introducing a fish dinner once a week for paupers has failed at Canterbury. The ridiculous and unfounded prejudice which prevails among the poorer classes with respect to the nutrient value of fish has led to such an outcry among the inmates of the local workhouse that the guardians have felt compelled to abandon their sagacious project. As a matter of fact, fish would be an exceedingly advantageous addition to the diet of the working classes, as it is to that of all other orders of the people. A dinner a week of this article would be not only useful but admirable. We heartily wish the guardians had seen their way to persevere in the beneficial reform they contemplated and upon which they had actually entered. If there had been any hope of support at Whitehall they would probably have done so; but much as it is to be desired that fish should be popularised as an article of diet, and restored to its proper place as an integer of the common food of the people, it is to be feared that the day when light and reason will dawn upon the benighted department of Local Government is still far distant. In the articles of apprenticeship used in the City of London, in olden times, there used to be a clause providing that no master should give his apprentice salmon on more than two days a week. There is little danger of any need arising for such a covenant in the present day, but the feeling against fish which led to the introduction of this clause into the indentures of the City apprentices seems to remain.

THE MEDICAL PROFESSION AND THE PLEA OF INSANITY.

MR. JUSTICE KAY is of opinion that "the medical profession is only too ready to attribute acts which are out of the ordinary course, and especially acts of violence, to insanity." This is the impression which prevails among the judges generally. Recognising the existence of this feeling, practitioners should undoubtedly exercise the greatest possible care in the expression of *any* opinion on the mental state of persons accused or convicted of crime. It would be a grievous hindrance to the cause of scientific truth and progress if ground were given for the strengthening of the injurious impression which prevails. Neither fear nor favour can be allowed to affect the judgment at which a medical man arrives after careful examination of his case; but the knowledge that his opinion is likely to be received with reluctance, or even an adverse bias, if it happen to be of a particular kind, should certainly be taken into consideration in forming a judgment, and ought to render him in a very special sense careful to eliminate all sources of error from the bases of his inference, and to see that it is so formed that it may be energetically and forcibly supported in the face of any question which may subsequently arise.

THE CEREBRAL ORIGIN OF DENTAL DECAY.

HARD-WORKING students force the growth of their intellectual capacity at the expense of their teeth. At all events that is the belief of Drs. Sitherwood and Hanlan, who have written on this matter in a recent number of the *Journ. de Médec. et de Chir. Prat.* It is said that the teeth undergo a rapid alteration in students who labour long, and that on the cessation of the hard work the dental disease dies away. We are quite prepared to admit that there may be some truth in these assertions. The teeth have been known to become loose and drop out apparently as a direct consequence of that protean disease, tabes dorsalis. But it is probable that even truthful Nature will be found to draw the line at the wholesale accusation of her nervous system. Why, we should have thought that the dental arches were as much without the pale of action of the much impeached mental organs as the nails and the skin. We have not heard or read whether the epithelial desquamation or the rate of growth of nails is more rapid or more perverted in beings of much cerebral action, as compared with those of their fellows who work less with their quiet brains. Explanations of this alleged fact concerning the teeth have been mentioned by a recent writer in *L'Union Médicale.* It is thought that the brain, when overworked, steals all the phosphates, and leaves none for the teeth, or else that a deterioration of the general health is brought about by the excessive study. Now, it is certainly a matter for consideration whether excessive mental work *per se* is capable of inducing serious disease. Side by side with natural mental life there probably goes on more or less unhealthy action, which bears pretty much the same relation to the former as the latter does to the friction on a steam-engine. What is friction in the engine is anxiety or worry in the man. It is the friction which destroys the physical basis of the engine, and it is the anxiety that wears out the material structure of the man. So, then, all cerebral

action is accompanied by the inevitable residue of anxiety or whatever else we choose to call it, but this residue may be lessened by various circumstances, and may be augmented by many conditions; and so it is that of two men of equal original health and equal original powers, but of dissimilar environment, the one succumbs because the heat of frictional anxiety has consumed him, the other lives longer because the obstacles to his vital acceptation of the first law of motion have been reduced to a minimum.

THE VICTORIA UNIVERSITY.

AT a meeting of the Council of this University, Manchester, held on Friday, April 27th, the following external examiners were appointed in the subjects named—viz., Medicine and Pathology, Professor W. T. Gairdner; Surgery, Professor Joseph Lister; Anatomy, Professor Wm. Mitchell Banks, Liverpool; Obstetrics, Dr. Wm. Overend Priestley; Materia Medica, Dr. T. Lauder Brunton. At the same meeting the following lecturers of the university were appointed to act with the medical and certain other professors of the university as internal examiners in the subjects mentioned—viz., Medical Jurisprudence, Dr. Callingworth; Public Health, Dr. Arthur Ransome; Practical Surgery, Mr. Thos. Jones; Ophthalmology, Dr. David Little. The examiners, internal and external, will, with certain officials of the university, at once be constituted a Departmental Board of Studies, for the purpose of drawing up regulations as to degrees and the courses of study required by the university.

THE SEWERAGE OF HENDON.

THE Local Board of Health for Hendon have not yet decided upon the method which they should adopt for the disposal of their sewage; but, if we may judge from their recent action, they appear to incline towards a system of chemical treatment. Thus they have had lengthened interviews with Mr. Sillar as representative of the A B C or Native Guano Company, with Mr. J. C. Millias, C.E., engineer to the Rivers' Purification Association, under whose supervision the sewage works at Coventry are carried out, and with Mr. John Hanson of Wakefield, who has adopted a system of precipitation with "black ash waste" which is mixed with the flowing sewage in known and constant proportions, whatever the rapidity of flow, by means of an automatic machine. The subject has now been long under consideration; the authority have received considerable help from the investigations made by Mr. C. F. Hancock, one of their own members, and it is to be hoped that they will no longer defer choosing one of the three systems now in use—namely, irrigation, downward intermittent filtration, and precipitation.

TERMINATION OF NERVES IN STRIATED MUSCLES.

PROFESSOR TRINCHESE, in the last number of the *Archives Italiennes de Biologie*, states that by the application of the double chloride of gold method of Ranvier-Löwitt, aided with high powers, he has been able to observe some interesting particulars in regard to the termination of the nerves in the striated muscles of frogs. The terminal ramifications are formed of small discs placed at more or less regular distances from each other, and united by a homogeneous intermediate substance. Chloride of gold stains the discs of a deep violet tint, and the intervening substance brick red. The attenuated extremities of these filaments are sometimes free, but may also sometimes be seen to be continuous with the longitudinal striæ of the muscular fibre. This disposition comes into view in examining longitudinal optical sections of the fibres. If, on the contrary, a transverse section be under inspection which accidentally falls on the point of the terminal nervous ramifications of Kühne, a great number of very delicate filaments may be seen stained of a deep violet hue, which spring from these ramifications on the side of the muscular substance, and become continuous with the substance which limits the areas of Cohnheim. The longitudinal striæ of the muscular fibre are not formed of indifferent protoplasm and fat granules, as Ranvier and Krause affirm, but are organs the structure of which resembles that of the axis cylinder. They are composed of small discs placed at regular distances from each other, and united by an intermediate substance. Here also the discs stain of a deep violet, and the intermediate substance of a brick red. In examining an optical longitudinal section of a longitudinal stria, a deeply coloured violet filament may be observed to spring from each side of the little disc which is continuous with the thin disc of the adjacent primitive muscular fibrils. The intermediate substance is of the same length as the thick disc of the muscular fibrils. Trinchese has sometimes found a granule from the sides of which a very pale and delicate filament sprang which was continuous with the stria of Hensen of the primitive fibrils. In examining the longitudinal striæ in section, it may be seen that it is from them that the delicate filaments spring which limit the areas of Cohnheim. In the Boa the fibres of the intercostal muscles often present motor plates divided into five or six smaller plates placed at considerable distances from each other, and connected by filaments the structure of which is identical with that of the longitudinal striæ. In the Triton he has on several occasions seen a very delicate axis cylinder formed of small discs penetrate into the muscular fibre and become directly continuous with the longitudinal striæ, which in the Triton are of considerable size, without forming either motor plates or terminal branches.

THE BLIND LION AT THE GROSVENOR.

THIS powerful picture, which is sure to attract a large amount of attention, is not without interest from a medical point of view. There is no doubt about the sightlessness of the animal, which is represented as facing the observer. And, if we look into its eyes to ascertain the form of blindness with which it is afflicted, we see that the condition is one of cataract. The poor beast (for which it is impossible not to feel compassion) has wandered, in its helplessness, to the verge of a precipice, where it stands, irresolute and distraught, a prey to the hyenas that are surrounding it, whilst the distant sky is still black with the storm which has disabled it. There is scientific authority for the special kind of blindness resulting from lightning stroke, which Mr. Nettleship, the painter of the picture, has chosen. In a recent publication, Leber, the well-known ophthalmologist, has discussed the point, and refers the effect of the electric discharge upon the lens to a "physico-chemical" influence by which its albumen is coagulated, and thereby rendered opaque.

"MALICE OR MADNESS."

THE Home Secretary has not seen fit to accede to our urgent proposal for a medical inquiry as to the state of mind of the convict youth, nineteen years of age, who recently made a ferocious assault on a warder at Dartmoor. It would have been gracious and, as we think, wise, to accept the counsel offered. For the present the matter is at an end, but we venture to predict that this young man will be heard of again, and in the end the authorities will discover—perhaps after they have executed the poor fellow for some murderous outbreak—that they have been blindly persecuting a victim of disease under the impression that because he is coherent in his seeming malice he must needs be sane.

THE STONE TESTIMONIAL.

ON May 1st, Sir T. Spencer Wells, Bart., accompanied by Messrs. J. A. Ibbetson, T. H. Paul, A. Durham, Francis Mason, and James Shuter, presented Mr. Thomas Madden Stone, at his residence at Wimbledon, with a testimonial as a token of friendship and esteem on his retirement from official connexion with the Royal College of Surgeons, after intelligent and zealous service for a period of fifty years. The presentation consisted of a purse containing £388, together with a handsomely bound illuminated address and list of names of those Fellows and Members of the Royal College of Surgeons and of other friends who had contributed. It was the wish of the committee to have presented it at the College; but as Mr. Stone's state of health did not permit him to leave home, this had to be abandoned. Sir T. Spencer Wells, in his speech, made some touching remarks, to which Mr. Stone, who was much moved by the tribute of esteem from so many old friends, replied in well-chosen terms.

PLEURO-PNEUMONIA.

IN the annual report lately published by the Veterinary Department of the Privy Council, the professional officer of the department, referring to the sanitary condition of the home stock, reports that no serious outbreak of disease occurred in 1882, pleuro-pneumonia having almost ceased to exist over a large portion of the country, and foot-and-mouth disease having been kept in check by the restrictions imposed in 1882. Pleuro-pneumonia has regularly declined for several years past, and according to the returns for 1882 the total number of outbreaks only amounted to 494, while in 1881 they were 729. The attacks in 1882 were 1200, against 1875 in 1881; and for the previous five years the annual average was 1761 outbreaks and 4471 animals attacked. The total number of outbreaks of foot-and-mouth disease in 1882 was 1970, against 4833 in 1881; while the animals attacked in 1882 amounted to 37,950, and in 1881 to 183,046. The report further deals critically with the various propositions which have been made for the prevention of the introduction of the disease, and concludes with a detailed account of the progress of diseases among animals in Great Britain and in some foreign countries in 1882.

DR. OLIVER WENDELL HOLMES.

THE medical profession of New York entertained Dr. Oliver Wendell Holmes at a complimentary banquet at Delmonico's famous restaurant on April 12th last. More than 200 physicians met to do honour to the celebrated Boston Professor, who was very warmly received. Dr. Fordyce Barker occupied the chair, and was aided in the task of proposing the toast of the evening by Dr. A. H. Smith, who read a humorous poem, to which Dr. Holmes replied in verses unfortunately too lengthy to be produced here, but characterised by the genial grace and wit familiar to all admirers of the poet of the Breakfast Table. The occasion was a great success, and was worthy of the man in whose honour the banquet was held. It is hoped that Dr. Holmes will visit this country during the coming summer.

MEDICAL SOCIETY OF LONDON.

AT the last meeting of the Medical Society of London the President, Sir Joseph Fayrer, announced that the annual oration to be delivered by Mr. Lund, and followed by the customary conversazione, will be postponed for a short time to allow of the completion of the new building. He also announced that he had received an intimation from H.R.H. the Prince of Wales that he would honour the Society by his presence on that occasion.

DISINFECTING CHAMBERS.

THE issue of the suit by the Attorney General against the Strand Board of Works is not reassuring. This was an application in the Queen's Bench Division, filed at the instance of the School Board for London, to restrain the sanitary authority of the Strand district from using a disinfecting chamber which has been constructed in Denzil-street, Clare-market, in the very heart of a densely populated locality. Mr. Justice Field gave judgment for the defendants, with costs, holding that the case had not been made out. It must be evident on a *primâ facie* view of the facts that the disinfection of articles of wearing apparel and furniture from the chambers of the sick should not be performed in crowded localities. If infected articles are to be collected at any one spot for the purposes of disinfection, this spot should be so chosen as to minimise the risks of disseminating disease by bringing its "germs" into a new district. The decision is much to be deplored. It must clearly tend to check the activity of the School Board in a new and useful direction. Surely there will be an appeal.

THE Royal Academy hangs on its walls some very high-class works, and many very fine portraits by Mr. Millais, Frank Holl, Herkomer, &c., not forgetting the excellent portrait of Professor Huxley, by Mr. John Collier; we may also congratulate Sir Henry Thompson, his picture being hung on the line. Water-colours are well represented, and the room in which they are placed is well worth visiting. Among the many beautiful drawings is one, conspicuous by its unusual size, by Mr. Arthur Croft, who has chosen a fine bold subject on which to exercise his skill.

ORDERS have been received at Chatham, Plymouth, and Portsmouth to the effect that the police who have been engaged in carrying out the Contagious Diseases Acts there are to cease operations. The matter was discussed at the latest weekly meeting of the Medway Board of Guardians, when a resolution was unanimously passed, and a copy of it ordered to be forwarded to the Home Secretary, expressing regret at the steps taken by the authorities, as the Acts had been the means of doing a great deal of good.

THE perennial but unsavoury question of sewage utilisation turned up again at the meeting of the City Commissioners of Sewers on Tuesday. Mr. Rose Innes considered that the main-drainage scheme had proved a failure, and that the 651,000 tons of excellent manure which could be obtained from the London sewage, but which is now wasted, might be used to render productive the sterile tracts of land in Kent and Essex. The matter was, in the usual way, handed over to the Port Sanitary Committee.

THE sum raised for the purpose of founding a memorial to the late Mr. Messenger Bradley now amounts to £533, and at a meeting of the Committee last week it was decided to place the interest of this sum at the disposal of the Manchester Royal Infirmary Committee with the view of offering, on suitable conditions, an annual prize, to be called the Bradley Prize in Clinical Surgery, to be competed for by students attending the surgical practice of the infirmary.

THE Secretary of the Connecticut State Board of Health reports the existence last winter, in New England, of a peculiar form of disease called "winter cholera." It appears in an epidemic form, and its symptoms are not unlike the bowel malady commonly prevalent in summer, but is easily controlled by treatment.

AT a general meeting of the National Veterinary Association on Tuesday, May 8th, there will be a discussion at 10 30 A.M. on a paper by Mr. J. H. Cox, M R.C.V.S., entitled "Human and Bovine Tuberculosis, its Communicability." And at 2 P.M. a paper will be read by Professor Walley, entitled "The Contagious Diseases (Animals) Act, and how far it may be extended and improved, coupled with Veterinary Sanitation."

A PUBLIC MEETING, under the auspices of the Liverpool Land and Houseowners' Association, was held on the 27th ult. at Liverpool, to protest against the extension of the Royal Infirmary, as recommended by the City Council. At the time announced for the commencement of the proceedings, only half a dozen persons were present, and as, after waiting twenty minutes, only about thirty others put in an appearance, the meeting was adjourned *sine die*.

WE are glad to find that the April number of Virchow's *Archiv* is printed in a larger and neater type than has hitherto been in use. The change is a welcome one, and was long felt to be needed; it much facilitates the reading, a matter of no small consideration for busy students with limited time.

THE members of the Institute of Painters in Water-Colour may be congratulated on the very handsome galleries they now possess. The attention paid to the means of ventilation and for heating the premises cannot fail to be appreciated by visitors to this fine collection of drawings.

THE Grosvenor Gallery has a fine collection of paintings, many of them of very high merit. Among them may be mentioned Mr. Burne-Jones's Wheel of Fortune, which is a splendid specimen of his skill in portraying the artistic anatomy of the human form.

THE American medical journals announce the death of Surgeon-General Joseph K. Barnes, under whose direction the huge and exhaustive volumes of the Medical and Surgical History of the War of the Rebellion (1861–65) were prepared.

AN election for a member of Council of the Royal College of Surgeons in Ireland, in the room of Mr. H. Gray Croly, resigned, will take place on the 5th inst. (this day). There are two candidates, Messrs. Baker and Stoker.

THE Senate of Glasgow University has conferred the honorary degree of LL.D. on Professor Turner of Edinburgh, D. Hack Tuke, M.D., and Mr. George Fleming, President of the Royal Veterinary College.

WE learn with deep regret that serious ill-health has compelled the retirement of Mr. John Netten Radcliffe from the post of Assistant Medical Officer at the Local Government Board.

AT a meeting of governors of University College, Liverpool, on the 28th ult., it was unanimously agreed that that institution should be affiliated to the Victoria University.

IT is reported that General Tchernieff is about to establish at Tashkend a hospital for Mussulman women, who are to be under the entire care of Russian female physicians.

A BARONETCY is to be conferred on the son of the late Sir George Jessel.

HOSPITAL ADMINISTRATION.

No. III.

HOUSE VISITORS.

EVERY properly managed hospital has a well-organised system of sub-committees and house visitors. The latter are usually selected from the whole body of governors, and are deputed to visit the hospital periodically and in turn. There can be no question that the training of a house visitor is very useful to the individual governor, and qualifies him in no small degree for a seat upon the hospital committee. To such a seat his services and experience alike entitle him, and in those hospitals where this system is in force the committee of management is generally a strong one, not only because its members know something of hospital management, but also because the majority of them at any rate take a great personal interest in the hospital. One or two of the hospitals attached to provincial medical schools are for this reason probably the best managed institutions of the kind in the whole country. In these cases the committees consist of some thirty members, and it is not an unusual thing for twenty-three or twenty-four to be present at a meeting. The house visitors, who are associated with members of the general committee in their inspections of the hospital, not only call and walk through the wards in a casual way once or twice during the month for which they consent to act, but they are familiar with the internal arrangements of the hospital, and are capable of finding their way into any portion of it without the assistance of the resident staff. In consequence they have confidence in themselves; they visit the hospital at uncertain hours, and in some instances have been known to arrive at two in the morning, and to go over the whole building, with the view of ascertaining exactly how things are conducted during the night. It is needless to say that where an *esprit de corps* of this kind animates house visitors and committee-men, the management is not only capable but thorough, and the whole institution bears the stamp of efficiency. It is very useful to have a House Visitors' Report Book, and to place therein printed directions and suggestions for their guidance, and a number of questions for them to answer.

THE COMMITTEE ROTA.

As a contrast to the vigorous management we have depicted in the preceding paragraph, it may be well to remind those who are interested in hospital management that there is another side to the picture, and that in the majority of hospital committees, if judged by their action, inertness, absence of control, and inefficiency are to be met with. Here the committees, though nominally consisting of thirty members, in reality perhaps consist of six who attend regularly, and monopolise all the patronage and control. Nor is this the full extent of the evil, for it need surprise no one to hear that these six, again, are more often than not practically under the control of the secretary or chief officer, who turns them this way or that, as he may desire. With this class of institutions must be grouped those where the governing body are made up mainly of *ex officio* members, consisting, for instance, of bishops, aldermen, J.P.'s, presidents of this or that institution, with a few delegates nominated by corporations, public bodies, or associations which are held to have a claim to such representation. The peculiar constitution of these committees and boards of management has, in two notable cases, at any rate, and we have reason to believe in very many others, led to the adoption of a unique system, known as the committee rota, which places not only the management, but the spending of the money, entirely in the hands of the chief officer. Owing to the peculiar constitution of such bodies

as we are now considering, it has come to pass that, as each member has felt bound to attend at any rate sometimes, it was best for the board to come to an arrangement by which certain members should undertake to attend meetings fixed on certain dates throughout the year. Thus Jones, Brown, and Robinson undertake to attend on the first Wednesday in January, March, May, and so on; whilst Smith, Evans, and Jenkins undertake to do the same on the first Wednesday in February, April, and June. In practice, therefore, the rota is so arranged that the same member never attends two consecutive meetings, and consequently when the minutes are confirmed there is no member present who knows what took place at the previous meeting, and no possible objection can therefore be taken to any minutes which may be presented by the chief official. We are assured, on high authority, that it has happened in connexion with charities so managed that the chief official has voted himself an honorarium and an increase of salary from time to time, as the state of his exchequer or his conscience seems to him to warrant. This simple system, although not worthy of imitation by men of public spirit, must be the *beau idéal* of the Hospital promoter, who has been reluctantly compelled to secure a committee in something more than name for the management of his particular institution. Instances have been recorded in years past in the columns of THE LANCET, where the promoter has not even placed the management of the charity under such a nominal committee as that which adopts the committee rota system.

FINANCE COMMITTEES.

These committees, as constituted in the majority of instances, are worthy of close attention. On paper they appear formidable and useful; in fact, they are not only too often useless, but harmful, because they give a spurious air of genuineness to work which otherwise would long ago have received the thorough investigation that a public accountant can alone supply. As a rule, they consist of some five members of the general committee, and meet once a week or once a fortnight, as the case may be. They place their initials against a large number of items in a number of books, and return home after this exhilarating employment possessed of the feeling that they have rendered signal service to the particular charity with which they are connected. What they really do in the majority of cases is to initial statements prepared by the chief officer, who presents a neatly folded and endorsed voucher, which they accept as correct without examination. They further take the cheque-books and see that the amounts on the counterfoils agree with the amounts in the cash-book. They take the subscription receipt-books in the same way, and see that the amounts on the counterfoils agree with the cash returns, excepting in so far as certain counterfoils bear upon the face of them the word "cancelled." Nominally they carefully check everything; practically, as they possess little if any knowledge of accounts, they check so much as the official who has charge of the books chooses to allow them to see. Under the patronage of a finance committee of this kind many thousands of pounds have been misappropriated by officials; and no wonder, for, as it appeared in a comparatively recent case, none of the counterfoils were ever dated, and the consequence was that the official in question used to keep the posting of his books some six months in arrear. Again, they not only do not demand the production of the cancelled receipt in those cases where "cancelled" is written across the counterfoil, but they resent the trouble it gives them to unpin such a receipt if it is present, arguing, no doubt with perfect accuracy from their point of view, that, if a receipt is cancelled, the most natural thing in the world is to destroy it, and therefore why keep it? In another instance an astute official appropriated to himself considerable sums under the very eyes of the committee, availing himself of his knowledge of the committee's feeling in respect to cancelled receipts, and using these receipts to issue in exchange for donations of a considerable amount which were given to him from time to time for the charity. This is not the place, however, to multiply instances of this kind, and the two simple cases we have given will suffice to show the most ordinary reader that in practice a finance committee may not be only misleading but dangerous, because it gives rise to a feeling of false security. Under the old system of account keeping by single entry it was fairly possible, when the members of the finance committee devoted several hours each week to the work, for them to check the income and expenditure of a particular charity. Nowadays, however, economical management is materially assisted by accurate and systematic bookkeeping, and in consequence double entry has been introduced into every institution which can claim to be intelligently managed. Hence, the audit functions of the finance committee have been largely superseded of late years.

HOW TO FINANCE A CHARITY.

There is a function, however, which the finance committee ought to fulfil, and if this were rightly understood and acted upon, the present lamentable financial condition of many of the metropolitan hospitals would not be the pressing anxiety which it is now becoming. This function consists in the discharge of the work for each charity which the Chancellor of the Exchequer practically undertakes on behalf of the nation. At the commencement of each year it should be the duty of the finance committee to prepare a budget for the information of the general committee. This budget should clearly set forth how much income can be fairly reckoned upon, and the various sources from which it may reasonably be expected to be drawn. It should further show the extent of the accommodation it is possible for the hospital to provide, and the cost of maintaining the institution in full efficiency and at its full strength. The financial budget should be accompanied by a statement, based upon the actual figures, setting forth (*a*) how much work the committee would be justified in undertaking with the income actually available for their disposal; (*b*) what additional means might be adopted to increase the revenue. This system is in force in the American hospitals with this modification, that the statement here advocated is presented and considered at each quarterly court of the governors with these documents before them. The governors then decide how many free beds the resources at their command will allow the committee to place at the disposal of the public, and how many beds shall be classified as pay beds. A finance committee which undertook this work in an intelligent way would be invaluable. In addition to the statement here advocated, it would be their duty to submit a scheme for the raising of income and for the financing of the institution. This scheme should contain an estimate of the cost of carrying out the suggestions, and should fully set forth in outline the various means which it was proposed to bring into force to accomplish the ends aimed at. Such a system as this has been tried at a few of the English hospitals, and wherever it has been introduced the income has increased to a marvellous extent. And no wonder, for as in a business, so in the management of a charity, if those responsible for its success anticipate the claims they will have to meet, before they actually become due, is it not certain that in capable hands care will be observed to use the necessary means to secure the provision of the required funds to meet such claims when the time of payment arrives?

HOW TO DEAL WITH LEGACIES.

In the same way, it may be pointed out that in dealing with legacies in the casual manner most committees

adopt a considerable loss is entailed upon the hospital exchequer. To receive a legacy in the month of March, to invest it in the Three per Cents, and to sell an equivalent amount of Three per Cents in June to meet the deficiency on current account, and to repeat this action several times in the twelve months, must manifestly entail an amount of avoidable loss which is not creditable to the business acumen of those responsible. All legacies, by an arrangement made with the bankers, should be placed on their receipt to a deposit account. If funds are needed to pay claims which the current account cannot meet, then a transfer can be effected from deposit, such loan to be repaid later on in the year should the state of the finances permit it. At the end of the financial year the finance committee report that they have received so much in cash from legacies, of which they have had to spend so much on current expenses, leaving a balance of so much available for investment. The committee then decide how they will invest the money thus placed at their disposal. Where this plan has been enforced, much brokerage and loss on sales, and repurchases have been avoided, and the saving each year to the hospital has not infrequently astonished the inexperienced.

THE UNIVERSITY OF LONDON AND VIVISECTION.

IT could scarcely be expected that in the recent agitation against vivisection, when two professed opponents of experiments on living animals are members of the Senate of the University of London, the relations of that body to the Brown Institution would be allowed to go unchallenged. On the 18th ult., on the consideration of the report of the Brown Animal Sanatory Institution, the following amendment was moved by Mr. Shaen and seconded by Mr. Hutton:—

"That it be an instruction to the Committee of the Brown Institution that every animal received into the Institution is to be treated with the kindness prescribed by Mr. Brown's will; and that no animal is, in the Institution, to be subjected to any treatment that is not intended for its benefit."

This amendment, however, was lost, and the report of the committee which had been nominated to consider a letter from Mr. Jesse, the Secretary and Treasurer of one of the Anti-Vivisectionist Societies, was adopted. This report is so interesting and important that we print it entire:—

"*Report of Committee.*

"Having carefully considered the letter of Mr. Jesse, referred to them by the Senate, and, having inquired into the facts of the case, the committee report as follows:—

"According to the view we have from the first taken of the trusts of Mr. Brown's will, they comprise two separate objects: (1) The 'investigation and study of the diseases of animals useful to man,' for the advancement of science in relation to such diseases; that is, by a better knowledge of their nature, to discover surer means for their prevention and cure. (2) The 'endeavouring to cure' the diseases of animals committed to the charge of the Professor-Superintendent for hospital treatment; in which endeavour kindness to the animals so committed is to be the general principle of the Institution. This interpretation of the twofold object of the trust was fully confirmed by the opinion of Mr. (afterwards Vice-Chancellor) Charles Hall, to whom the Senate, in 1873, referred the question then raised by some of its members, whether the artificial induction of disease, for the purpose of scientific investigation, is a legitimate part of the work of the Institution.

"Assuming, then, the justice of this view, we are of opinion that the experiments performed in the Institution during the period over which we thought it sufficient to extend our inquiry are strictly within the terms of the trust. These experiments may be divided into three classes: The first class, to which alone the term vivisection (the charge conveyed in Mr. Jesse's letter) could in any sense be applied, consists of a series of experiments performed by the Professor-Superintendent upon the smaller quadrupeds (dogs, cats, rabbits, guinea-pigs) for the purpose of ascertaining, by the artificial induction of specific pathological conditions, the nature and best mode of treatment of certain cardiac and renal diseases depending on those conditions, to which the larger quadrupeds useful to man, especially horses and cattle, are extremely subject. The total number of experiments (performed between October, 1881, and February, 1883) was forty-two. In every instance the animal operated upon was previously made insensible to the pain of the operation by chloroform, with or without some additional anæsthetic, and such insensibility was kept up until the death of the animal. In no case could the operation be described as cruel, since the animal felt no pain. We think it well to mention that the animals experimented on were not diseased and were not purchased out of the funds of the Brown Institution, their sole connexion with it being that the experiments were conducted within the walls of that Institution by the Professor-Superintendent, under the licence which he holds.

"The other class of experiments, referred to in the letter, consists of two series of experiments performed at the expense and request, in one case, of the Earl of Pembroke, in the other, of the Royal Agricultural Society. The first series consisted in the inoculation of several dogs and one or two cats with the distemper, with the view of ascertaining whether a mild form of this disease would not preserve the animal from a subsequent attack in a severer form. The effect of the inoculation was to produce slight febrile symptoms, from which, as a rule, the animal soon recovered. The second series consisted in the inoculation of sheep with anthrax with a like view. The results were precisely similar to those obtained in the case of the distemper. None of the inoculation experiments ought to be described as cruel; and they were highly important in the interests of science, and with a view to the prevention of disease.

"We are of opinion that the experiments were properly and humanely performed; and that there is no ground whatever for the interference of the Senate with a view to prevent similar operations in future."

[The report of the Professor-Superintendent we shall deal with next week.]

MEDICAL MEN AND FREE DISPENSARIES.

A MEETING of the medical men of the neighbourhood of Greenwich and others was held at the Lecture Hall, Greenwich, on the 17th ult., to confer with the hon. medical officers of the Royal Kent Dispensary, in order to obtain, if possible, an alteration of the rules of that institution so as to do away with the distribution of free letters to all applicants of the artisan and labouring classes.

Dr. RALPH GOODING opened the discussion, and said that some years ago he was an hon. medical officer to the dispensary, but gave it up on account of the great number of persons he was obliged to attend free who were well able to procure medical aid through clubs, &c. He thought that the present mode of distribution of free letters tended to pauperise the people and encouraged improvidence.

Mr. LLOYD JONES said that he quite agreed that some change was necessary, but advocated allowing all eligible persons to be admitted without letters of recommendation on the payment of the prescribed fees.

Mr. BURDETT said he had looked into the question of the conversion of the dispensary into a provident one, and he could see no reason why it should not be done, as it was not established under an Act of Parliament. There could be no objection to making it a provident dispensary with a free department which should only be eligible for those who earned very low wages.

Dr. MOON said that he had formerly been an hon. medical officer of the dispensary, but had left it for the same reason Dr. Gooding had. He did not consider that the conditions which existed and called for the establishment of this institution a century ago, existed at all at the present day, and that there was now no need for a free dispensary.

Mr. J. P. PUEVIS agreed with the previous speakers, and hoped that the most provident measure possible would be adopted in order to encourage providence.

Dr. CARPENTER, who occupied the chair, said he should like to say a few words on the points raised in discussion.

He quite agreed with what Mr. Burdett had said respecting the conversion of the dispensary into a provident one, which might be easily done in the way suggested or by an application to the Charity Commissioners, as had been done in the case of one or two other institutions. It had been proved that a great number of those who obtained free letters were well able to pay the small fees required under the provident system, and therefore they ought not to have free letters. The great advantage of the provident system was that it created a feeling of independence, as people could call in their medical attendant without going about begging for letters from subscribers.

Mr. CABLE, as the promoter of the scheme, said he had for years past tried to get the governors to adopt some provident plan, but could never make any impression, so he thought the best way would be to get the hon. staff together and see what remedy could be devised. He quite agreed with what had been said respecting the improvidence of the classes who obtained free letters, and was very pleased to hear that a more provident scheme was thought possible, and he should be most happy to support it. Mr. Cable then read several letters which he had received, expressing sympathy with the movement and wishing it success.

Mr. J. P. PURVIS proposed the following resolution:—"That, whilst generally approving of the resolutions agreed to by the hon. medical officers for the reorganisation of the Royal Kent Dispensary, this meeting would prefer that an effort should be made to establish a better provident system than is there suggested."

This was seconded by Mr. HART, and carried unanimously.

It was then agreed that a deputation should be formed to wait upon the monthly committee to urge the change desired, and the meeting adjourned.

THE IRISH DIVISIONAL BOARD.

WE have been asked to publish the following:—

"30, Fitzwilliam-place, Dublin, 25th April, 1883.

"MY DEAR ROBINSON,—I have the honour to forward you a copy of a resolution adopted by the President and Council of the Dublin Branch of the British Medical Association, which represents 180 medical practitioners living in Dublin and its vicinity, and to request that you will send it to THE LANCET.

"I have the honour to be your obedient servant,

"GEORGE F. DUFFEY, M.D., Hon. Secretary.

"That the President and Council of the Dublin Branch of the British Medical Association emphatically and respectfully protest against any of the Irish medical authorities having a greater number of representatives than another on the Medical Board for Ireland, as laid down in Clause 9, Sub-clause 5, of the Medical Acts Amendment (H.L.) Bill, as amended in Committee, inasmuch as the representatives of different Bodies on a Board having the distribution of moneys should be, in the opinion of this Council, equally balanced."

THE SERVICES.

ARMY MEDICAL DEPARTMENT.—Deputy Surgeon-General John Lyster Jameson is granted retired pay, with the honorary rank of Surgeon-General. Brigade Surgeon Richard Hungerford, to be Deputy-Surgeon-General, vice J. Ogilvy, M.D., granted retired pay. Brigade Surgeon George Langford Hinde, from half-pay, to be Brigade Surgeon, vice R. Hungerford. Surgeon-Major Thomas Bennett has been granted retired pay, with the honorary rank of Brigade Surgeon. Surgeon-Major Alexander Doig has been granted retired pay, with the honorary rank of Brigade Surgeon. Surgeon-Major Nathaniel Alcock, from half-pay, to be Surgeon-Major, vice P. B. Smith, M.D., promoted.

INDIA OFFICE.—The Queen has approved of the retirement of Brigade Surgeon Henry Crocker, M.D., of the Madras Army.—Damodar Purshotam Warlikar to be Surgeon (Madras).

BREVET.—The undermentioned officers are granted a step of honorary rank on retirement:—Brigade Surgeons Robert Dempster, of the Madras Army, and Henry Crocker, M.D., of the Madras Army, to be Deputy Surgeons-General.

MILITIA MEDICAL DEPARTMENT.—Surgeon-Major Thomas Woods, M.D., 3rd Battalion, the Prince of Wales's Leinster Regiment (Royal Canadians), resigns his commission; also is permitted to retain his rank and to wear the prescribed uniform on his retirement.

YEOMANRY CAVALRY.—East Lothian: Thomas Francis Spittal Caverhill, Gent., to be Surgeon.

ARTILLERY VOLUNTEERS.—4th West Riding of Yorkshire (Sheffield): Charles Nelson Gwynne, Gent., B.A., M.B., to be Acting Surgeon.

RIFLE VOLUNTEERS.—1st Dumbartonshire: Acting Surgeon Adam Gilmour, M.D., resigns his appointment.—1st Herefordshire: Surgeon Cambridge Carr Cocks resigns his commission.

ADMIRALTY.—Staff Surgeon Thomas Browne has been promoted to the rank of Fleet Surgeon in Her Majesty's Fleet, with seniority of the 16th ult.

The following appointments have been made:—Staff Surgeon John Lyon, M.D., to the *Satellite* (appointment of Staff Surgeon M'Lean cancelled); Staff Surgeon Alfred G. Delmege, to the *Canada*; Surgeon Thomas D. Popham, to the Jamaica Hospital, vice Jennings; Surgeon Alexander S. P. Gipps, to the *Canada*; Staff Surgeon Edward F. Lloyd, to the *Britannia*, vice Delmege; Surgeon George Smith, to the *Merlin*.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, 5728 births and 3615 deaths were registered during the week ending the 28th ult. The annual death-rate in these towns, which had declined in the four preceding weeks from 29·2 to 23·0, further fell last week to 22·7. During the past four weeks of the current quarter, the death-rate in these towns averaged 24·1 per 1000, against 22·1 and 22·8 in the corresponding periods of 1881 and 1882. The lowest rates in these towns last week were 16·9 in Leicester, 17·4 in Bolton, and 19·1 both in Bristol and Nottingham. The rates ranged upwards in the other towns to 27·8 in Liverpool, 29·6 in Huddersfield, 30·0 in Manchester, and 32·9 in Oldham. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 377 and 354 in the two previous weeks, further declined last week to 345; of these 89 resulted from whooping-cough, 67 from measles, 61 from scarlet fever, 53 from "fever," 43 from diarrhœa, 23 from diphtheria, and 9 from small-pox. No death was referred to any of these zymotic diseases either in Norwich or Huddersfield, whereas they caused the highest death-rates in Liverpool and Sheffield. Whooping-cough showed the largest proportional fatality in Cardiff and Hull; measles in Sheffield and Liverpool; scarlet fever in Wolverhampton, Leeds, and Sheffield; and "fever" in Portsmouth and Blackburn. The 23 deaths from diphtheria in the twenty-eight towns included 20 in London and 2 in Leeds. Small-pox caused 3 deaths in Leeds, 3 in Newcastle-upon-Tyne, 2 in Birmingham, and 1 in London. The number of small-pox patients in the metropolitan asylum hospitals, which had been 85 and 82 on the two preceding Saturdays, further declined to 73 at the end of last week; 6 new cases of small-pox were admitted to these hospitals during the week, against 14 and 15 in the two previous weeks. The deaths referred to diseases of the respiratory organs in London, which had declined from 672 to 474 in the four preceding weeks, further declined to 445 last week, but exceeded the corrected weekly average by 73. The causes of 103, or 2·8 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Norwich, Nottingham, and Cardiff. The proportions of uncertified deaths were largest in Wolverhampton, Oldham, Bolton, and Preston.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had steadily declined in the four preceding weeks from 30·4 to 27·5 per 1000, was equal to 27·6 in the week ending the 28th ult.; this rate exceeded by 4·9 the mean rate last week in the twenty-eight English towns. The rates in the Scotch towns ranged from 19·5 in Aberdeen to

34·6 in Glasgow. The deaths in the eight towns included 105 which were referred to the principal zymotic diseases, showing a decline of 29 from the number returned in the previous week; these deaths were equal to an annual rate of 4·4 per 1000, which was no less than 2·5 above the mean rate last week from the same diseases in the large English towns. The 38 deaths referred to whooping-cough, which were within 2 of the number in the previous week, included 23 in Glasgow, 5 in Dundee, and 4 both in Edinburgh and Leith. The 32 deaths from measles, of which 27 occurred in Glasgow and 3 in Leith, were also within 2 of the number in the previous weeks. Of the 12 deaths from diphtheria, 8 were returned in Glasgow, while 6 of the fatal cases of scarlet fever and 5 of the 8 deaths referred to "fever" were also recorded in the same city. The deaths from acute diseases of the lungs in the eight towns, which had declined in the four previous weeks from 200 to 133, further declined last week to 119, and were 4 below the number in the corresponding week of last year. The causes of 101, or more than 15 per cent., of the deaths registered in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which in the three preceding weeks had been equal to 40·3, 32·8, and 37·2 per 1000, declined to 31·2 in the week ending the 28th ult. During the first four weeks of the current quarter the death-rate in this city averaged 35·4 per 1000, whereas in London and Edinburgh it was but 23·6 and 19·8 respectively. The 209 deaths in Dublin last week showed a decline of 40 from the number returned in the previous week, and included 9 from whooping-cough, 6 from "fever," 3 from diarrhœa, and not one either from small-pox, measles, scarlet fever, or diphtheria. Thus 15 deaths were referred to these principal zymotic diseases, against 28, 19, and 22 in the three preceding weeks; they were equal to an annual rate of 2·7 per 1000, against 1·9 in London and 2·7 in Edinburgh. The deaths referred to whooping-cough, which had been 5 and 11 in the two previous weeks, declined again to 9 last week. The 6 fatal cases of "fever" corresponded with the number in the previous week. The deaths both of infants under one year of age and of elderly persons showed a decline from recent weekly numbers. The causes of 31, or nearly 15 per cent., of the deaths registered during the week were not certified.

Correspondence.

"Audi alteram partem."

CHLOROFORM INHALERS.

To the Editor of THE LANCET.

SIR,—The introduction of another apparatus for the administration of chloroform leads me to offer a few practical hints. The plan of drawing air through an anæsthetic is a very old one, and the best. I have an instrument among the collection at the Hospital for Women at Soho-square which is over thirty years old I am told; the idea is taken from Wolfe's bottle, which every chemist knows. The latter, however, is beaten in age by the hookah, used for the emetic sedative tobacco. Air was blown through chloroform at Guy's more than sixteen years ago, and administered through the nostrils. The plan is tedious at a general hospital, where patients are more varied in size, age, and strength than at a hospital for women. For many years I have given chloroform, bichloride of methylene, ether, and dichloride of ethidene in this way; but have had a much larger apparatus made than the one sold under the name of Junker's, as it is impossible to give ether with the latter, or at least very inconvenient. It is also nearly impossible sometimes to get a powerful man under the influence of the anæsthetic with such a small apparatus; though I have never failed with a woman, out of from 400 to 500 cases in the year at the Hospital for Women and Children, Soho-square. All the house-surgeons and students at Guy's who administer anæsthetics are taught this principle, as the effects of the different anæsthetics are more delicately apparent. When they leave the hospital, or even before, they are in a position to administer with more comfort in any way they like. The danger does not lie in the anæsthetic, but in the administrator. The late Mr. Clover, during the last twelve months of his life, blew air through ether, and was very much pleased with the result. He used his foot instead of the hand. I have used a continuous stream of air through chloroform; the result is curious. Hailstones form in the chloroform, and much is wasted; the hailstones are formed from the moisture in the air, frozen by the rapid evaporation of the chloroform, the temperature of which is much reduced, though it is not, to an appreciable extent, by the ordinary hand apparatus. This I have verified.

I find in one of my cases, out of notes extending over ten years, a gastrostomy was performed by Mr. Bryant under the evaporation of only three and a half drachms of methylene bichloride. Usually given, a drachm will last a patient, when once anæsthetised, about eight minutes; the first half hour afterwards the quantity is less, for many reason. In summer the plan requires great care with chloroform; and not long ago there was a case of death under methylene bichloride, the cause being that the administrator had never given it before.

I am, Sir, yours faithfully,

Brook-street, April 30th, 1883. TOM BIRD.

THE PROPOSED MIDWIFERY BILL.

To the Editor of THE LANCET.

SIR,—It is to be hoped that the framers of the Bill for the registration of midwives will not fall into similar errors to those which were committed by the compilers of the Dental Act, or we shall have women claiming protection under the Act who know no more of midwifery than that they have lived in the same house where a confinement has taken place, and who, but for this Act, would never have dreamt of undertaking midwifery. Are those already in practice to make a declaration only, or are their capabilities to be tested? If the former, then we shall have the country overrun with a number of ignorant women who are totally unacquainted with the duties of midwifery, but who will, by making a simple declaration, thus find it very easy to identify themselves with those who are really trained and fitted for the position; and we shall further find the doors and windows of these women covered with cards and plates designating the inmates as "Registered Midwives," "Midwives by Act of Parliament," "Accoucheurs by Registration," &c. Still remembering the Dental Act, one is not unmindful of the false position that those who have qualified under it have assumed, styling themselves dental surgeons, and speaking, as their monthly journals show, as though they were entitled to act as the genuine surgeon who chooses to practise dentistry; and quoting, as their authority for such, the works of Coleman, Tomes, &c., ignoring the fact that the men they are quoting are surgeons of authority, not simply dentists.

Will the duties of a midwife be defined? Every surgeon knows and shrinks from the danger of attending a case where a midwife is in charge; still more will he do so when he knows that the woman, who is not too scrupulous even where her fellow-creature's life is concerned, feels that she has a colourable excuse for withholding the case from medical assistance when even greater danger has set in, in her ignorance hoping that the case may right itself. Will the increase in the number of midwives created by this Bill be a further source of swelling the number of stillborn children?

I am, Sir, yours faithfully,

April, 1883. H.

THE EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—A careful comparison and attention to the results of the recent examinations at the Royal College of Surgeons of England, both at the Primary and Pass Examinations for the diploma of member, is very striking and suggestive. A complete change seems to have taken place. The examinations are admittedly fairer in every respect, and the proportion of successful candidates correspondingly increased. I contend, Sir, that these important changes reflect the highest

praise on the examiners, and at the same time, in these days of turbulence and reform, give to the College a very great an irresistible power in elevating the importance of its diplomas in the estimation of the world, and their just veneration by the recipients of them. I should more especially wish to see an equal fairness shown in the examinations for the diploma of Fellow, and particularly in the Primary examination. Your powerful and weighty article in exposing the glaring unfairness in the papers set last May, did much, I believe, to bring about a marked change. There is the greatest difference between stringency and unfairness, which I fear have only too frequently been associated. It is devoutly to be hoped that the examiners will continue in the noble course which they have chosen, and that we shall see the value of the diploma of Fellow, and more especially the Primary, increased tenfold by the fact of its becoming a fairer and more honourable examination. I am, Sir, yours faithfully,

London, April 30th, 1883. AN OBSERVER.

"THE PICRIC ACID TEST FOR ALBUMEN."

To the Editor of THE LANCET.

SIR,—In spite of my father's distinct statement that neither he nor I was aware of the existence of Dr. Kirk's reference to picric acid as a test for albumen in the *Glasgow Medical Journal* until he informed us of it, Dr. Kirk still persists in insinuating that I was cognisant of his work published two years ago, and that my acquaintance therewith, and the first employment of picric acid by my father about that time, stand to one another in the relation of cause and effect. His only ground for expressing this belief is that I read and commented on a paper of his on the "Frothing of Urine," a paper in which picric acid is not even mentioned, and which was published in the *Glasgow Medical Journal* some months after that on the picric acid. This statement of Dr. Kirk's happens to be true, but the inference drawn by him that I "dipped into the *Glasgow Medical Journal*" is false. The paper in question was cut out and sent to me for review, and until within the last three days I had never seen a volume or an entire number of the *Glasgow Medical Journal*. But now, having for the first time referred to Dr. Kirk's paper on albumen, I find that he begins his account of picric acid as a test in the following terms:—"Picric acid is said to be a delicate test for albumen, and in all instances in which I have compared it with the others I have found it so." Here, at any rate, is no claim of originality; but it now appears that his sole claim for priority is based upon his having proposed what he calls the "contact method," which consists in bringing the picric acid solution into contact with the albuminous urine "without allowing any admixture of the two liquids."

A few days since Dr. Johnson received from a country practioner a letter in which he described his failure to find albumen in an unquestionably albuminous urine in consequence of having at first allowed the picric acid solution to float on the surface *without admixture* of the two fluids. This result proves that it is possible with extreme care to so far fulfil the apparently impossible instructions of Dr. Kirk as to ensure complete *failure* of the test. The fact is that, as everyone must have observed who has used the test at all, a rather large proportion of saturated solution of picric acid must be *mixed* with an albuminous solution in order to ensure coagulation of the albumen. Therefore, if Dr. Kirk's original method be carefully carried out, the test could not fail to fall back into that obscurity which was its fate before Dr. Johnson elaborated and described the best method of applying it. I am, Sir, yours truly,

King's College, April 30th, 1883. G. STILLINGFLEET JOHNSON.

LIVERPOOL.

(*From a Correspondent.*)

THE INFIRMARY FOR CHILDREN.

THIS excellent charity commenced in 1851 as a dispensary, and only out-patients were seen until 1856, when a house was taken and fitted up as a hospital, with eight beds. In 1869 a new infirmary was erected in Myrtle-street, a leading thoroughfare, and it is one of the most prominent objects in the city. The number of beds is seventy, and during the year 1882 the number of in-patients was 730. The out-patients numbered 10,602, while the daily attendances amounted to a total of 29,464. Increased accommodation being urgently needed, and there being ward space for ten beds, the Countess of Sefton, one of the lady patronesses has collected over £1000 to provide and start the working of these beds. The committee have decided to open the ward at once, and new and increased subscriptions are coming in.

TWO REMARKABLE SURGICAL CASES.

In the Northern Hospital there are now under Mr. Pusey's care two cases illustrating the very different effects which may be produced by the same cause—i.e., alighting on the feet when falling from a great height. In one case the patient, a middle-aged foreign seaman, got out of a window when suffering from erysipelas with slight delirium and dropped forty or fifty feet on to some stone pavement. He escaped with a fracture of the condyles of the right femur and a sprain of the left ankle. This occurred six weeks ago, and the case has progressed without a bad symptom. In the other case the patient, a healthy young Irishman, in a sudden fit of delirium (after heavy drinking) jumped from a considerable height from a lodging-house window. He must have come down direct on his heels. On admission his feet were so swollen that it was impossible to decide positively as to the exact amount of damage done; but crepitus was readily detected in the region of the astragalus and os calcis of both feet, and the tension was so great that it was feared that both feet would slough. In the right foot this has occurred, and the separation of a large slough from the heel and posterior part of the sole disclosed extensive comminution of the os calcis and vertical fissure of the astragalus. Several large pieces of the os calcis have been removed and more will come away, but the wound is clean and the patient in good condition. The other foot has done well, no sloughing has occurred, and the fractures are uniting.

INSTRUCTION IN AMBULANCE DUTY.

The annual course of ambulance lectures to the members of the Liverpool Brigade of the Royal Naval Artillery Volunteers, which commenced on March 2nd at the School of Medicine, was concluded on the 20th inst. The class evinced the greatest interest in the practical and other instruction afforded them by Dr. A. Bernard, the lecturer for this session; and a few weeks ago those members of the City Police Force who have undergone instruction in ambulance drill from Dr. A. Cresswell Rich were examined by the Government Inspector and acquitted themselves very creditably.

MANCHESTER.

(*From a Correspondent.*)

THE annual report of St. Mary's Hospital has just been issued. Some time ago the board were compelled to reduce temporarily the number of occupied beds, in consequence of the depressed condition of the finances. This difficulty has been got over by the energy and influence of the vice-chairman of the hospital, Duncan Matheson, Esq., who collected over £2000 amongst his friends. It is to be hoped that the usefulness and success of this old and important charity will not be seriously crippled for want of the necessary funds. A reference to the report shows that there have been upwards of 2000 more patients treated during the last year than in any previous year since its foundation. The following figures show the number of patients in the various departments:—In-patients, 446; maternity patients attended, 3243; out-patients, 10,667; home patients, 1540. Total number of operations performed in the hospital, 124, of which 31 were cases of ovariotomy.

An interesting meeting of the Medico-Ethical Association was held on Friday evening last, under the presidency of Dr. Lloyd Roberts, when a paper on an Epidemic of Puerperal Fever in a Manchester Suburban District, considered from an ethical point of view, was read by Dr. Samuel Buckley. There was a full attendance of members, and the discussion was of considerable interest. An opinion was expressed by several members that by thorough ablution and complete antiseptic precautions the dangers and risks of infection and contagion may be obviated. I hear that a report of the meeting is to be sent to THE LANCET.

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I learn that there are two candidates for the vacant post of assistant-physician to the Royal Infirmary—viz., Dr. Graham Steell and Dr. Henry Tomkins. Dr. Steell is resident medical officer to the infirmary, a M.D. of the University of Edinburgh, M.R.C.P.L., and a Thesis Gold Medalist of his University. Dr. Tomkins is a M.D. of the Queen's University in Ireland, M.R.C.S., L.S.A., a B.Sc. Victoria University, a Turner Scholar, and a Dunville Prizeman.

Manchester, April 30th, 1883.

NEWCASTLE-ON-TYNE.

(From our own Correspondent.)

THE INFIRMARY.

THE House Committee has unanimously adopted the following recommendation to be presented to the next quarterly Court of Governors:—"That, it being extremely desirable in the interests of the institution that the term of Dr. Philipson, as one of its honorary physicians, shall be extended, he be respectfully requested to continue his valuable services until the next quarterly Court of Governors; and that the Governors be then recommended to appoint Dr. Philipson for a further period of fifteen years."

SMALL-POX AT SEAHAM HARBOUR, AND HOW IT IS SPREAD.

Small-pox is so prevalent now at Seaham Harbour that in one street no less than eighteen cases have been reported. The disease is supposed to have been introduced by a sailor who landed at the place in an infected condition. The other day a woman was detained by the ticket-collector at the Sunderland Central Railway Station owing to a suspicious eruption being apparent. She was seen by a medical man, who said she was suffering from small-pox, and a source of danger to her fellow-travellers. She was ultimately sent to the House of Recovery, and will be kept there until in a safe condition to be at large.

CHESTER-LE-STREET.

The one thousandth anniversary of the foundation of the curious and ancient church of Chester-le-street is approaching, and is to be kept by the inhabitants as a high holiday. Some years ago attention was drawn in this correspondence to the insanitary condition of the "burn," or little river of the town. This was at first denied, and after some angry talk and letters in the local papers it was admitted; but last of all the nuisance was mitigated and then removed, and now the little town can welcome its visitors with clean hands, for I know of no place within such easy distance of Newcastle and our other large north-eastern towns as an inland shelter for invalids that can at all compare with Chester-le-Street, at least during our trying spring months. It is surrounded on the north and east by the rising grounds of Lumley, Lambton, and Pelaw, on the last of which lie Wardenlaw and the Pensher Range; it is open in the south and west, and thus basks in vernal sunshine, while all around is subject to the biting blasts of the north-east wind. It has other advantages besides these. Intervening between it and the River Wear is a soil for the most part light and sandy, and although lying low it is free at this season of the year from heavy dew fall and fog; indeed, I venture to predict that some day—that may be possibly hastened, too, by the approaching festivities—this ancient and historic little town will take a prominent place amongst our North of England health resorts.

ZYMOTIC DISEASE IN NEWCASTLE.

Although our death-rate has lately been exceptionally low, there would appear to be a continuance of zymotic cases as registered by the medical officer of health. From the notifications of practitioners here 76 cases in all are noted, of which 34 were scarlet fever and 31 small-pox. This is for the fortnight ending April 14th, and when taken in connexion with the death-rate would go to show that the cases were not of a malignant type.

Newcastle-on-Tyne, April 25th, 1883.

THE proceeds of the Hospital Saturday collection at Birmingham this year have reached £4220, as against £3774 in 1882. There are a few returns yet to be made.

EDINBURGH.

(From our own Correspondent.)

THE classes in the university and extra-academical school were nearly all opened yesterday. In the class of medical jurisprudence, which is again being conducted in the old university buildings, Professor Maclagan, referring to the want of facility which he had for practical work in connexion with his chair, said he had hoped at this time last year to have been removed this session to the new buildings. This had been prevented by the want of funds, which, however, the renewed liberality of the public was now supplying. He hoped that this would be the last session he would have to conduct his chair in the old buildings.

The final examination for degrees in Medicine has, I understand, been postponed from the 2nd to the 22nd of June. This is a step in the right direction. It would be in the interest of the student if the examinations could be made still later. When the examination was held at the beginning of June, the work of the last summer session was very seriously interfered with, an important consideration when it is remembered that the part of the four years' curriculum which is at present devoted to the practical subjects and to hospital work is far too short. Few university students enter the medical wards until they have passed their second examination at the end of their third winter session. One summer and one winter session have hitherto, therefore, represented the time devoted to clinical medical work, for the examination at the beginning of June so broke in upon the work of the last session that little was done. This alteration, which defers the examination until the end of June, will to some extent remedy this state of matters. The change is specially grateful to the students of the present year, for, in consequence of the long absence of Professors Grainger Stewart and Greenfield, the teaching of medicine was to some extent disorganised during the winter session.

Sir Stafford Northcote, M.P., has accepted the invitation of the Conservative Students' Club of the University of Edinburgh, and will be nominated for the Lord Rectorship at the next election in November.

Edinburgh, May 2nd.

SCOTTISH NOTES.

(From our own Correspondent.)

ABERDEEN UNIVERSITY.

ANOTHER year of steady work was brought to a close last week, when lists were published of the successful students, and degrees conferred on at least an average number of graduates for April. There were eight gentlemen promoted to the degree of M.D., and thirty-nine who took the M.B. and C.M. Of the latter, five had honourable mention, but no one succeeded in obtaining highest honours. In the summer session shortly to be commenced there are further opportunities offered for practical instruction in several branches; and I fancy the students will now feel inclined to cry, "Hold, enough!" The rumour that the Medical Faculty has encouraged these lectureships to avoid a threatened extra-mural school is probably not correct. Still, some people are wicked enough to say so.

NEW HOSPITAL FOR THE BLIND AT DUNDEE.

It appears as if the charities and educational institutions of Dundee were destined to take a front rank in Scotland through the munificence of a very few benevolent citizens, and among them the ladies are conspicuous. Baxter and Molison are names likely long to be remembered along the east coast of Scotland, and especially in Dundee. The last of the long series of noble gifts bestowed by Mrs. Molison is announced this week to take the form of an entirely new hospital for the blind. The site has been purchased at a cost of £4000, and already plans are so far prepared as to show that the building will be worthy of the generous lady who so persistently ministers to the sick, the weak, and the fallen.

FOOT-AND-MOUTH DISEASE IN CATTLE.

The earnest and successful efforts put forth by the authorities throughout Scotland to stay the ravages of this

BEST COPY AVAILABLE

disease are worth recording. The wave of infection, coming from Ireland about March 9th, was of course quickly evident. Every county in Scotland at once took alarm; the strictest isolation was enforced, even to the extent of excluding strangers from farm steadings, and I have even heard of a farmer taking steps to destroy hares which might come from infected fields. The result has been the entire disappearance of the disease, and in a few days business will be resumed as before. We sometimes attribute apathy on the approach of infectious diseases among the people to ignorance; we now see how quick is the intelligence of farmers when the pocket is threatened. It would not be too much to ask these men to show some concern at an epidemic among the bipeds under their control—a little of the expenditure would suffice.

"CRAM" AT SCHOOL.

Dr. Morrison, Rector of the Training College, Glasgow, condemned the system of "cram," now so common in our elementary schools, in a speech before a branch of the Educational Institute, a few days ago. The strain, he said, was due partly to the Code, and perhaps more largely to the way in which its provisions were administered. This pressure must be relaxed in the interest of health, and he believed they would soon require an Act of Parliament to restrict the actual attendance of children in school to four hours a day. It was ultimately agreed, "That in so far as cramming exists in schools it is the fruit of the Code system of education, and that it lies more with School Boards and the Department than with teachers to provide a remedy."

KIRKCALDY NATURALISTS' SOCIETY.

This Society held a very successful conversazione and exhibition last week, proving to the neighbourhood that the study of natural science is being promoted with considerable enthusiasm. The managers were fortunate in inducing Professor Blackie to preside, and that gentleman was thus enabled farther to prove his versatility by showing his interest in botanical pursuits. The genial professor hoped that the study of natural history would not be confined to men of medicine, but that it would be extended to those in the schools who studied Greek. People should be taught to visit the glens and feast their eyes upon the beauties of nature. During the two days upon which the exhibition was open large numbers visited the halls.

Obituary.

WILLIAM FARR, C.B., F.R.S., M.D., D.C.L.

RATHER more than three years after his retirement from official life, Dr. William Farr died, on the 14th inst., in Portsdown-road, Maida-vale. As a vital statistician, Dr. Farr's name and work are inseparably bound up with the rise and progress of a science which he had made peculiarly his own. The value of his work has been more unreservedly acknowledged on the Continent and in America than in this country, where his unremitting and single-minded labour in the fields of public health and sanitary progress have not yet received due recognition at the hands of the nation and its Government.

Dr. Farr was born at Kenley, in Shropshire, in 1807; and, having been educated at Shrewsbury, pursued his medical studies in Paris and London. After a short residence in London he returned to Shrewsbury, and accepted the appointment of house-surgeon at the infirmary in that city. He did not, however, hold this appointment long, for, having a strong inclination towards journalism, he finally took up his residence in London, and for some time edited the *Medical Annual* and the *British Annals of Medicine*. His mastery of figures and his power of statistical analysis attracted the attention of the late Mr. Wakley, M.P., the founder of this journal; and in the early days of THE LANCET Dr. Farr was a constant and valuable contributor. Especially valuable and suggestive was a paper published in these columns "On Benevolent Funds and Life Assurance in Health and Sickness." His articles appearing in these columns dealt chiefly with vital and medical statistics, and it was in a great measure due to the reputation he thus acquired that he was selected, in 1838, by Government to fill the post of Compiler of Abstracts in the then new office of the Registrar-General of Births, Deaths, and Marriages, created in 1837. When civil registration of births, deaths, and marriages became law, and when, after much hesitation on the part of Parliament, a column was added to the original schedule of the Death Register for the insertion of the cause of death, the necessity arose for the appointment of some one capable of statistically analysing the materials which were to be collected in England for the first time. How fully the result justified the selection is now matter of history; and the long series of letters contributed to the first forty Annual Reports of the Registrar-General, together with the well-constructed tables by which they were accompanied, may be said to have laid the foundation of our knowledge of vital statistics in England. These letters are full of statistical research; and it is to be much regretted that such invaluable work should be buried in official reports, most of which are comparatively inaccessible, many of them being out of print. The appointment in the General Register Office afforded Dr. Farr full scope for the study and elaboration of vital statistics, the whole of his long and laborious official career being devoted to the various branches of this wide subject.

From the date of his appointment as Superintendent of the Statistical Department of the General Register Office, Dr. Farr's life was singularly uneventful, and its history is made up of his varied and useful work. In the first annual report of the Registrar-General the following statement occurs:—"In order that these materials should be available for such beneficial purposes it was obviously essential that they should be duly arranged. The execution of this task has been committed to Mr. Farr, a gentleman of the medical profession, whose scientific knowledge and intimate acquaintance with statistical inquiries were ample pledges of his peculiar fitness, and whose letter, including abstracts of the causes of death, and explaining the classification (statistical nosology) which has been adopted, I have the honour to lay before your lordship in the appendix to this report." Thus was introduced the first of that long series of valuable letters addressed to the Registrar-General and published in his reports, which dealt from time to time with health and mortality statistics, showing a mastery of statistical facts, and of scientific analysis and investigation which were peculiarly his own. Major Graham, forty years afterwards in the forty-first annual report relating to the year 1879, thus refers to Dr. Farr's services:—"To his scientific researches and reports I attribute any reputation that may have accrued to the General Register Office of England and Wales from the time he accepted office in this department." In addition to this remarkable series of letters on English vital statistics, many special and supplementary reports were contributed by Dr. Farr to the publications issued by the Registrar-General. In the fifth report was published (in 1843) his English Life Table, No. 1, based upon the deaths in the whole of England and Wales, in 1841, supplemented by special life tables for Surrey, Liverpool, and London. In 1852 was issued his able report upon the cholera epidemic of 1848-49, and in the following year appeared in the twelfth annual report his English Life Table, No. 2, based upon the mortality experience of the seven years ending 1844. In 1853 Dr. Farr published a pamphlet describing a system of Government life assurance, and in 1859 he contributed to the Royal Society a paper which was published in the Transactions of that Society, on the Construction of Life Tables, illustrated by a new Life Table of the Healthy Districts of England. Dr. Farr was elected a Fellow of the Royal Society in 1855, and in 1857 the honorary degree of D.C.L. of Oxford University was conferred upon him. The English Life Table, No. 3, was published as a distinct work in 1864, by authority of the Registrar-General, based upon the mortality experience of the seventeen years ending 1854. As a supplement to the twenty-ninth annual report was published Dr. Farr's report upon the "Cholera Epidemic of 1866." Special mention should also be made of Dr. Farr's decennial reports on the English mortality statistics of the three decades, 1841-50, 1851-60, and 1861-70; the last especially is a mine of statistical wealth, not only as a treasury of well-arranged and analysed facts, but as suggestive of fruitful fields for future investigation.

Intimately connected with his work at the General Register Office were his valuable services in statistically organising and superintending the three census enumerations in 1851, 1861, and 1871. He was appointed an assistant commissioner for taking each of those censuses, and wrote the greater part of each of the three reports.

In 1864 an Act of Parliament was passed authorising the adoption of a Government system of insurance, and Dr. Farr was directed to prepare a memorandum for the guidance of the Chancellor of the Exchequer in the development of the scheme, and his English Life Table, No. 3, was adopted as the basis of the Post-office Insurance system.

Dr. Farr was one of the earliest members of the Statistical Society, and was for forty-two years a member of its Council; he served, moreover, as treasurer for twelve years, and was president in 1871 and 1872. A distinguished member of the Society, Mr. Leoni Levi, who was associated with Dr. Farr during the most useful period of the Society, in a recent letter to *The Times* with reference to Dr. Farr, stated that the journals of the Society contain upwards of twenty papers by his pen, and on this subject remarks: "Dr. Farr was not a dry statistician. His papers were, indeed, replete with facts, rich with mathematical lore, and remarkable for close reasoning; yet his language was always characterised by lucidity, simplicity, and common sense." There was invariably a distinct and due regard to practical results in all Dr. Farr's statistical work, and his influence on public opinion in health matters was in great measure due to his picturesque style of writing, which invested dry facts with popular interest, although it laid him open at times to depreciatory criticism from those who believe that the style of statistical literature and reports should be characterised by the soberest dryness.

Dr. Farr was among the earliest and most valued supporters of the British Association, of the British Medical Association, and of the Social Science Association; and the journals and proceedings of all those associations bear evidence of his indefatigable industry and of his devotion to statistical research. The Section of Statistics and Economic Science in the British Association owed its origin, we believe, in great measure to the influence of Dr. Farr, and many valuable papers were written and read by him at the annual meetings in past years.

Apart from his special services in the General Register Office, and also from his connexion with the learned and scientific associations and societies referred to, Dr. Farr rendered the State valuable statistical and mathematical service on many Royal Commissions, and Parliamentary Committees of Inquiry on Sanitary and other subjects. Among the subjects dealt with by these Commissions and Committees may be mentioned Army Medical Statistics, Health of the Army in India, Condition of Mines in Great Britain, Water Supply, Public Health, and Police Superannuation. On all these varied subjects Dr. Farr's special attainments rendered his assistance desirable, and we need not tell those who knew him how thoroughly and ungrudgingly his services were always given.

It remains to be stated that Dr. Farr represented Great Britain at the several International Statistical Congresses, which have been held at intervals in the various capitals of Europe since they were inaugurated in 1851.

The forty years of Dr. Farr's life preceding his retirement from the public service in 1879 were spent in unremitting statistical labour. It is impossible to doubt either the value of his work, or of its influence upon public opinion in health matters, preparing the way for, and making possible, the sanitary legislation of 1872 and 1875, which is already so favourably influencing the health and longevity of the English people. We know, however, of no complete list of his contributions to statistical literature. The prevailing impression left on the mind by this imperfect retrospect of Dr. Farr's work is one of dissatisfaction at the scant public recognition which it received during his life, and we cannot but hope that, even yet, some way may be found of marking the nation's gratitude for his long and useful career in the service of the State.

Dr. Farr's personal and social qualities, his modest, kindly, bright, and genial manner, and his generous appreciation of the services of others in his field of labour are so well and so widely known among those who esteemed it a privilege to meet and be associated with him at the meetings of the Royal Society, the British Association, the British Medical Association, the Social Science Association, and the Statistical Society, that it is unnecessary to do more than allude to them here. He was deservedly popular, in the best sense of that word, and while the friends who mourn his loss on public and private grounds are innumerable, it seems impossible, to those who knew him, to believe in his having a single enemy.

BENJAMIN WILLS RICHARDSON, F.R.C.S.I.

LAST week we noticed the serious illness of this gentleman, and now we have to record his death, which took place at his residence, Ely-place, Dublin, last Sunday, from cardiac disease, in the sixty-fifth year of his age. When the Adelaide Hospital was established in 1858 he was appointed visiting surgeon, a post he continued to hold until his death; and for about the same period he held the office of examiner in the Surgical Court of the Royal College of Surgeons of Ireland, being annually re-elected. He paid considerable attention to histology at a time when a knowledge of that subject was not general, and his sections and mountings of microscopic objects evidenced the highest skill in this department of science. Mr. Richardson was also no mean draughtsman, and the drawings for "Power on the Arteries" were made by him. The forcible dilatation of the urethra in stricture was a treatment which he advocated in certain cases; and he was the inventor of the urethra dilator and the urethrotome called after him. He also suggested an ether inhaler, an ether spray apparatus, with bellows worked by the foot, and an instrument for arresting hæmorrhage, styled the presse artère. For nearly a quarter of a century he acted as honorary secretary of the Surgical Society of Ireland (now merged into the Academy of Medicine); and on his retirement some time since it was our pleasure to refer to the address and handsome testimonial presented to him by the members of the Society, in recognition of his long and valuable services.

W. H. DUFF, M.R.C.S., L.S.A.

WE regret to have to record the death of an excellent general practitioner, whose name, though not widely known, was held in the highest esteem by those amongst whom he worked for many years. We refer to Mr. W. H. Duff of Gray's-inn-road, who died on the 15th ult., aged sixty-seven. Mr. Duff received his early education in Germany and his medical training at St. Bartholomew's Hospital, and became a qualified practitioner in 1838. He enjoyed, in his earlier years, the friendship and high regard of Dr. Marshall Hall, who confidently looked forward to his taking an excellent position in the medical profession. But from stress of circumstances Mr. Duff was compelled to choose the hard uphill work of a general practitioner in rather a poor neighbourhood. He was a singularly modest and retiring man, anxious to give of his best in knowledge and experience to everyone who came to him, but setting little store on worldly advancement. He was very gentle with little children and considerate to the poor. There was also in his manner a sort of old-world courtesy, which was the genuine index of an honourable and refined nature, and this, combined with a certain vein of humour and the evidence of extensive professional experience, made one, even on short acquaintance, mentally inquire whether Mr. Duff had attained the position to which his merits entitled him. But no word of complaint or disparagement of others was uttered by him; he was cheery and genial and much enjoyed a quiet talk, especially with his younger brethren, whose suggestions, whether medical or otherwise, he listened to with consideration, although himself a man of strong convictions. Mr. Duff died, after three weeks' distressing illness, of an attack of bronchitis. He was constantly tended by his wife and son, who succeeds him, and was repeatedly seen by his friend Dr. Cockle, but from the onset of his illness he felt that his work was done.

HENRY STEELE, M.D. (EDIN.), MONTROSE.

AFTER a considerable period of ill-health from throat and lung disease Dr. Steele has been removed from a sphere of great activity and usefulness. Drs. Lawrence and Watson thought it advisable to have the assistance of Professor Annandale from Edinburgh, who, a fortnight before the end came, performed tracheotomy, with great relief to the local symptoms. Death came suddenly at last, and occurred on the 7th ult. A native of Montrose, where his father was in practice, and receiving his general education there, Dr. Steele took his degree at Edinburgh in 1861. For a short time he acted as house-surgeon in Gray's Hospital at Elgin, afterwards commencing practice in Montrose. The high position occupied by the deceased was due to a rare com-

bination of social and professional qualifications, his local fame being chiefly gained by excellent surgical work. Dr. Steele was surgeon to the Montrose Infirmary, medical officer to the Parochial Board, and held other professional appointments. For the past seven years as a member, and lately as chairman, of the School Board he was able to show his engrossing interest in educational affairs. The duties of a very large practice and the constant attention to public work still left him time for literary pursuits, though, so far as we know, Dr. Steele published nothing of professional interest. Very warm testimony to the excellences of the deceased has been given by the public bodies in Montrose, and his remains were accorded the honour of a public funeral. Dr. Steele was unmarried, and aged about forty-four years.

MEDICAL NOTES IN PARLIAMENT.

The Army Medical Department.

IN the House of Commons on Friday, the 27th ult., Lord Eustace Cecil asked when the report of the Committee on the Army Medical and Transport Services would be produced.—The Marquis of Hartington replied that it was a misapprehension to include the transport department in the question, inasmuch as it was only the medical department which the Committee had to inquire into. He understood that the report was completed, and would be in his hands in a day or two; and he assured the noble lord there should be no unnecessary delay in presenting it to the House.

A petition was presented from Edward Waters and others against the Infectious Diseases Notification Bill. Dr. Farquharson gave notice that on the Army Estimates he would move to reduce Vote 4 by £548, on account of the salary of the Governor and Commandant of Netley.

Dundrum Criminal Lunatic Asylum.

Mr. W. Corbet asked the Chief Secretary to the Lord Lieutenant of Ireland if he could state the number of deaths occurring annually in the Criminal Lunatic Asylum, Dundrum, from the date of its opening to the present time; the number of post-mortem examinations held annually; whether fees were paid to the former resident medical officer, or whether it was in the time of the present officer only that such fees commenced; and whether it was a fact that the number of deaths and post-mortem examinations latterly had been out of all proportion with those of former years.—Mr. Trevelyan said that the number of deaths in each year could be given, but as the asylum had been open since 1858 they could not be conveniently stated in the answer to a question. He should be very glad to show them to the hon. member, or to send them to him in the shape of a letter. He was informed that in consequence of some of the records of the asylum having been destroyed in a fire some years ago the particulars of the post-mortem examinations could not be given for an earlier period than 1870. The fire occurred before the appointment of the present Governor, who stated, however, that so far as he knew the post-mortems were held by his predecessor. It was true that during the past twenty-eight months the number of deaths had been greater than in any similar period since the asylum had been opened, but the inspector stated that it could not be referred to any particular or exceptional cause.

Mr. Corbet asked if an investigation had been held into a charge of tampering with the faith of a patient.—Mr. Trevelyan said that in the course of 1881 and the beginning of 1882 an inquiry was held into various matters connected with the Dundrum Lunatic Asylum. There had been no alteration in the arrangements with regard to religious observances. He was informed that no particular case had been brought under notice in which a patient who entered as a Roman Catholic was prevented from seeing the Roman Catholic chaplain. There was a case in which a patient was entered on the books as a Protestant, but who, at his own request, was allowed to see the Roman Catholic chaplain. It was not intended to place before Parliament the report of the inquiry referred to.

On Monday, a petition against the Infectious Diseases Notification Bill, and one in favour of the Medical Act Amendment Bill, were presented from medical practitioners of Bath and Bristol.

On Tuesday, further petitions in favour of the Medical Act Amendment Bill were presented from Wrexham and Norwich. A Bill to amend the Public Health Acts in relation to private improvement expenses was brought in by Mr. Dodds, and was read a first time. Mr. Hopwood's resolution against compulsory vaccination, which had the first place on the paper for Tuesday evening, was adjourned *sine die*, in consequence of the Government having taken that evening for the Affirmation Bill debate. It is understood that Mr. Hopwood will endeavour to bring on the resolution as an amendment to Supply.

On Wednesday, the Medical Act Amendment Bill was brought down from the House of Lords and read a first time. It was put down for second reading on Thursday next. The second reading of the Beer Adulteration Bill was deferred to Wednesday, 11th July.

Notices of questions were given, as follows: By Mr. Corbet, as to the outbreak of typhus fever in Dublin, and as to the release from Ballyshannon Workhouse of a dangerous lunatic; by Mr. Warton, as to the amount of venereal disease in a certain battalion at Cairo, and as to the extension of the Contagious Diseases Acts to Dublin.

Return of the Speaker.

Sir Henry Brand, who had been absent from the House for a week through indisposition, took the chair on Thursday afternoon, and was warmly congratulated by hon. members on both sides of the House. The right honourable gentleman has apparently quite recovered his health, and was looking very well.

Irish Lunatic Asylums.

In answer to Mr. W. Corbet, in reference to a passage in the last Parliamentary Report on Irish Lunatic Asylums, Mr. Trevelyan said the statement referred to a departmental inquiry which was held by order of the Government towards the end of 1881 and the beginning of 1882 into a number of matters connected with the administration of the Dundrum Asylum. Amongst other matters inquired into were charges and counter-charges made between the resident physician and the late visiting physician, which were, however, more on the part of the resident physician than on the part of the visiting physician. It was the case that the resident physician's report was inserted in the inspector's annual report presented to Parliament. That was not done in the case of a district asylum. The report of the departmental committee of inquiry was of such a nature that it must be regarded as confidential, and he could not undertake to present the report or the correspondence relating thereto.

Pauper Lunatics.

Mr. W. Corbet asked the President of the Local Government Board if his attention had been called to a return to an Order of the House, dated August 9th, 1882, just issued, from which it appeared, *inter alia*, that the number of pauper lunatics chargeable to unions in England and Wales in 1881 was 63,524 (exclusive of those chargeable to counties and boroughs), the cost being £1,033,078, and the amount of the Government grant £392,612; and whether he had any objection to give returns relating to the subject.—Mr. Hibbert said the amount named did not represent the total cost, but only the cost of the maintenance of those who were in the county and borough asylums of England and Wales. It was impossible to give the returns asked for, as the proportionate cost of the lunatics could not be ascertained where it was involved in the general cost of the workhouses or in the out-door relief of those families who had a lunatic member.

Loughrea Workhouse.

Mr. O'Brien asked the Chief Secretary for Ireland whether an investigation was recently held at Loughrea Workhouse by Dr. M'Cabe, respecting a charge made by the Roman Catholic chaplain that one of the nurses had placed her hand on a dying man's mouth in order to hasten his death; whether the representatives of the press were excluded from the examination in the hospital of the patient on whose authority the charge rested; and whether the medical officer of the workhouse, Dr. Donohoe, swore that a strait-waistcoat was put on a dying man named Forde four hours before his death by the master, and that this treatment not merely accelerated but caused the death.—Mr. Trevelyan said the investigation was held, as stated, at the Loughrea Workhouse, and it was proved that the

charge against the nurse, of having put her hand on the mouth of a dying man, was wholly without trustworthy foundation. The assertion was made by a patient who was suffering from mental decay, and who, in the words of his information, was "full of delusions." As a matter of fact, he was not in the hospital at all at the time fixed as the date of the alleged assault. As to the exclusion of newspaper reporters, it appeared that Dr. M'Cabe did not visit the hospital to take evidence, but to test the patient's mental capacity. He thought it not desirable that that should be done before strangers. If he had found the man capable of giving evidence, he would have allowed reporters to be present. The circumstances with regard to the straitwaistcoat were as stated in the question. It was done by the master on his own responsibility, and in consequence of that and other irregularities he had been dismissed by the Local Government Board.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. — At a meeting on April 26th the following gentlemen were admitted Members of the College:—

Fraser, Donald Manson, M.D. Aberd., Haverstock-hill.
Gibbons, Robert Alex., M.D. Edin., Cadogan-place.
Granville, Joseph Mortimer, M.D. St. And., Welbeck-street.
Maguire, Robert, M.D. Lond., Manchester.
Parker, George William, St. Mary's-road.
Sinha, Narendra, Prasanna, L.M. Calcutta, Gloster-crescent.
Steavenson, William Edward, M.B. Camb., Henrietta-street.

On the same day the following gentlemen were admitted Licentiates of the College:—

Bloxam, George Edward, Wimbledon Hill.
Bown, Arthur Thomas, West Combe, Evercreech, Bath.
Braine, George Marcus Panton, Crossfield-road.
Cave, Edward John, Melbury Osmond, Dorchester.
Christian, John Barrow, Ashwell Station.
Crago, William Henry, Middlesex Hospital.
Cresswell, Francis, Winchmore Hill.
Gale, Arthur Knight, Fulham Hospital, Seagrave-road.
Glover, John Philip, Osborne-terrace.
Goddard, Charles Ernest, Cambridge Gardens.
Haynes, Walter Frederic, Devonshire-street.
Hind, Alfred Ernest, Guilford-street.
Howse, Percy William McDowall, Victoria-Dock-road.
Jones, John Edw. Evans, Head Master's House, Maitland Park.
Lessey, Sandford Scobell, Park Gardens, Ealing.
Lewers, Arthur Hamilton Nicholas, Gower-street.
Masters, Edgar Ernest, Railton-road.
Mickle, Herbert, Lansdowne-place.
Robson, William Waller Constable, Brompton-square.
Rowell, Herbert Ellis, College Park.
Saneyoshi, Yasuzumi, Lambeth-Palace-road.
Stone, Fredk. William Stanley, Hospital for Children, Shadwell.
Style, Mark, St. Mary's Hospital.
Thornton, Henry John, Middlesex Hospital.
Trinder, Alfred Probus, St. Bartholomew's Hospital.
Unicume, Thomas, Ramsgate.
Vogan, James Norman, Eastlake-road.
Welch, George, St. Bartholomew's Hospital, Rochester.
Whitworth, William, Frederick-street.
Wholey, Thomas, North Side, Victoria-Park-square.
Williams, John Henry Hywell, Haverfordwest.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following gentlemen passed the Primary Examination in Anatomy and Physiology at meetings of the Board of Examiners on April 26th, 27th, and 30th, and May 1st and 2nd:—

William Taylor, Herbert Hirst, R. H. Lucy, D. M. Brown, F. A. Pockley, J. W. Wyncoll, G. L. Mallam, J. C. Taylor, W. H. G. Stephen, Henry A. Thomson, G. H. H. Symonds, John MacGregor, Chas. J. Lewis, Edward Walker, and Reginald Bowman, Edinburgh; R. A. Bostock, T. H. F. Clarkson, C. L. Walsh, E. M. Hassard, H. P. Cholmeley, A. W. T. Steer, E. G. Stocker, C. D. Agnew, H. W. Gardner, H. W. Brighouse, H. A. W. Batten, Daniel F. Whiteley, P. B. T. Stubbs, Robert D. Barber, B. M. Bond, A. C. Dove, P. C. H. Strickland, and L. M. Snow, St. Bartholomew's Hospital; R. W. Hazell, S. E. Barrett, George Wordsworth, and A. T. Ozzard, London Hospital; A. W. Robinson, A. T. Wood, S. S. Sprigge, and R. W. Wright, St. George's Hospital; George Niven, Cambridge; P. P. Manning, H. G. H. Monk; T. A. Collinson, Charles Nash, H. E. H. Smith, and Albert Lindow, King's College; Edward Deane, John Crisp, and Rolf Creasy, Guy's Hospital; Wm. Stafford and R. H. Parry, Glasgow; E. K. Macartney, C. E. Adams, and F. W. Burton, University College; G. W. A. Lynch, Cambridge and St. Thomas's Hospital; J. F. Farrar, University College and Edinburgh; W. H. C. Staveley, H. C. Kidd, H. H. Ellis, and Geo. Hope, St. Thomas's Hospital; E. B. Osmond, Edgar Nicholson, A. I. Richards, S. U. Duer, and Soloman Peake, Middlesex Hospital; J. E. S. Barnett, Charing-cross Hospital; F. E. Nichol, Cambridge and St. Thomas's Hospital; I. H. Griffen, J. W. Stephens, and G. F. Aldous, St. Bartholomew's Hospital; S. S. Larcombe, E. P. A. Mariette, and A. W. Comber, King's College; D. Morgan, University College and Edinburgh; G. H. Gutch, R. Nairn, and H. T. Bulstrode, St. Thomas's Hospital; C. Metzgar and H. Gilford, Guy's Hospital; V. Allen and C. Ewart, St. George's Hospital; L. Powne, Middlesex Hospital; B. M'Donogh, Westminster Hospital; P. Edwards and G. A. Pratt, University College; W. J. Winckler, Madras and University College.

Of the 196 candidates examined during the last fortnight, 48 failed to satisfy the Board, and were referred for three, and 4 candidates for six, months' further anatomical and physiological study.

The Library of the College will be closed this day (Friday), and also on Friday and Saturday, the 11th and 12th inst.

UNIVERSITY OF DURHAM. — The following gentlemen have passed the recent First Examination for degrees in Medicine and Surgery (subjects: Anatomy, Physiology, Chemistry, and Botany):—

Powell, Simpson, M.R.C.S., L.S.A. } Second Class Honours.
Mead, Francis Henry. }

Baigent, William.
Courteen, Raymond.
Crouch, James Hinde.
Crosier, Robt. Thos. John.
Davidson, Charles Robt.
Erulkar, Solomon Abraham.
Hildyard, Robt. Locksham.
Maynard, Fredk. Pinsent.
Pollard, Reginald.
Proud, Frederick.
Rawes, William.
Saw, Francis Albert.
Slater, William.
Sumner, Jos. Henry Surtees, M.R.C.S., L.S.A.
Tabor, Charles James.
Tanner, Charles Edward.
Walker, Francis John.
Winter, Francis.
Yeoman, William Metcalfe.

The following failed to satisfy the Examiners in Chemistry, but passed in the other subjects:—

Barker, John.
Hindle, James, M.R.C.S.
Richardson, Wm. George.
Ruddock, Wm. James.
Rumboll, Charles Frank.
Sugden, Edgar Brewit.
Simpson, Basil Claude.
Straughan, John.

The following failed to satisfy the Examiners in Botany, but passed in the other subjects:—

Cranstoun, George.
Crosby, Robert.
Malden, Frank James.
Wightwick, Fallon Percy, L.R.C.P., M.R.C.S.

UNIVERSITY OF ABERDEEN. — At the late medical graduation term, the following candidates, after the usual examinations, received the degree of M.D.:—

Barrett, John, M.B., C.M., Peninsular and Oriental Service.
Benham, Harry Arthur, M.B., C.M., Dundee Royal Asylum.
Griffith, Alex. Hill, M.B., C.M., Roy. Eye Hospital, Manchester.
Hawkins, Fredk. Mortimer, M.B., C.M., London.
Reid, William, M.B., C.M., Kensington, London.
Richardson, Charles Boards, M.B., C.M., Brighton.
Steel, William Dyne, M.B., C.M., Abergavenny.
Tulloch, David, M.B., C.M., Winnipeg, Canada.

The following received the degrees of M.B. and C.M.:—

Baker, John, Aberdeen.
Beaton, Robert Milne, Aberdeen.
Brown, Alfred, M.A., Welshpool.
Buchan, George, Aberdeen.
Cole, Sylvester John, Freetown, Sierra Leone.
Cook, Henri, Greenock.
Cowley, Alexander, Dublin.
Da Costa, George Forsyth Ashley, Kingston, Jamaica.
Falconer, Francis, M.A., Aberdeen.
Fraser, James Thomson, Longsight, Manchester.
Gerard, John, M.A., Aberdeen. (Honourably distinguished.)
Gordon, John, Aberdeen.
Hosie, Andrew, Aberdeen.
Inglis, John, M.A., Aberdeen.
Ireland, David, Brechin. (Honourably distinguished.)
Jeffrey, Charles, Tarland.
Johnston, George, Fintray.
Johnstone, Thomas Muir, Ellon.
Kerr, John Bamford, Crawshawbooth, Manchester.
Macdonald, Jas. Francis, Aberfeldy. (Honourably distinguished.)
Matheson, John, M.A., Plockton, Ross-shire.
Maude, Frederic, Highgate, London.
M'Combie, John, Oxton, Morayshire.
Moffett, Grenville Edwin, Calcutta.
Moir, James, St. Kilda, Victoria.
Moir, John Drew, St. Kilda, Victoria.
Murray, James, Nairn.
Nicoll, Alexander, Rhynie.
Petty, David, Montrose.
Purdy, James Robert, Morpeth.
Rennie, Alex., M.A., Wester Fintray. (Honourably distinguished.)
Robb, James Taylor, Keith.
Scott, William, Auchairn, Keith. (Honourably distinguished.)
Sinclair, William John Henderson, Dunbeath, Wick.
Stewart, William Allan, Buxburn, Newhills.
Taylor, James, M.A., New Deer.
Turner, George John Kemp, Ellon.
Turner, John, Portsmouth.
Vincent, George, Bedfont, Middlesex.

At the same time the following were certified as having passed all the examinations, but did not graduate:—

Kelty, William.
Ruxton, Wm. Ledingham.
Smith, James Lawrence.
Still, George Cardno.

UNIVERSITY OF EDINBURGH.—The following gentlemen have passed the Second Professional Examination for the degrees of M.B. and C.M.:—

Charles Aitken, M. S. P. Aganoor, M. S. Altounian, Samuel Arnold, E. H. Bannister, J. B. Batten, D. G. Bonnet, William Bird, Robert Blair, Frederick Bond, J. E. Bottomley, C. K. Bourne, Paul Bowes

(with distinction), T. M. Buncle, P. B. Bury, J. M. Cadell, Edward Carmichael (with distinction), W. R. Carter, R. L. Clark, J. G. Cossins, R. S. Coulthard, A. S. Cumming, Richard Davidson, T. W. Dewar, W. O. Dow, H. J. Dring, T. G. Evans, H. S. Fairbank, W. C. Faulkner, J. E. A. Ferguson, William Flett, W. G. Galletly, D. J. Galloway, A. R. Gray, F. G. Greenbury, C. D. G. Hailes, P. B. Handyside, E. B. Hector, J. R. Henderson, R. S. Hubbersty, B. E. Iastrzebski, Thos. Johnstone, J. E. H. Kelso, G. H. Kenyon, D. O. Kerr, William Laing, W. S. Lang (with distinction), T. A. Leishman, G. S. P. Loubser, W. W. R. Love, R. H. Lucy (with distinction), C. M. Macalister, W. G. M'Fee, H. J. Mackay, F. W. Mackenzie, N. J. M'Kie, W. R. M'Kinnel, Murray MacLaren, W. H. M'Lean, James M'Leod, John M'Myn, G. D. Malan, Angus Matheson, Alexander Menzies (with distinction), Duncan Menzies, Gustave Michel, David Milligan, Robert Mitchell, A. E. Morison, Daniel Mowat, W. J. Munro, Frederick Murray, J. T. Nesbit, John Noble, F. B. O'Flaherty, Jas. Paterson, R. J. Paton, F. A. Pockley (with distinction), J. M. S. Preston, A. W. G. Price, C. A. Renny, F. G. Retief, John Rigg, John Robertson, A. H. Robinson, F. H. Simmons, William Sneddon, A. C. Stark, J. S. Stephen, H. F. D. Stephens, G. H. H. Symonds, J. C. Taylor, William Taylor, George Thomson, H. A. Thomson (with distinction), T. J. Thyne, C. G. Traill, G. A. Tullis, J. W. O. Underhill, Edmund Walker, N. H. Walker, N. P. Walker, David Wallace, T. A. Watson, S. F. Wernich with distinction), Algernon Westlake, Claude Wilson (with distinction), J. T. Wilson, J. E. Wolphagen, A. J. Wood.

UNIVERSITY OF ST. ANDREWS. — The following registered medical practitioners, having passed the required examinations, had the degree of M.D. conferred upon them on April 18th :—

Andrew, James Lawton, L.R.C.P. Ed., M.R.C.S. & L.M. Eng., L.S.A., Mossley, near Manchester.
Astles, Harvey Eustace, F.R.C.P. Ed., Adelaide.
Brown, Andrew, M.R.C.P. & L.R.C.S. Ed., London.
Fisher, Henry Francis, L.R.C.P. Ed., L.F.P.S. Glas., Liverpool.
Gambier, Thomas, M.R.C.S., L.S.A., St. Leonards-on-Sea.
Giddings, William Kitto, M.R.C.P. Ed., M.R.C.S. & L.M. Eng., L.S.A., Calverly, Leeds.
Jamieson, James, F.R.C.S. Ed., Edinburgh.
Jay, Fredk. Fitzherbert, L.R.C.P. Lond., M.R.C.S., Slough.
Kempster, Wm. Henry, L.R.C.P. Ed., M.R.C.S., London.
Smith, Thos., F.R.C.P. Lond., F.R.C.S. Ed., Woodley, Stockport.

The following gentleman also proceeded to the degree of M.D. :
Hanson, John Edw., M.B. & C.M. St. And., Huddersfield.

At the same time the following gentleman passed the First Professional Examination for the degree of M.B. and C.M. :—
Martin, John, L.R.C.S. Ed., L.A.H. Dub., A.M.D., Cork.

COLLEGE OF PHYSICIANS IN IRELAND. — At the April examinations the following candidates obtained the licences in Medicine and Midwifery of the College :—

MEDICINE.—Campbell Boyd, Shepherd Boyd, Michael Carr, Thomas Gibson Henry Hall, Patrick Hoey, Powell Hudsmith, Andrew John Kelly, Edward Emanuel Lennon, Thomas M'Inerney, Alex. Linton Mackenzie, Matthew Joseph M'Quaid, George Morgan, Charles George Drummond Morier, Henry Joseph O'Brien, James Dwyer Ryan.

MIDWIFERY.—Campbell Boyd, Shepherd Boyd, Michael Carr, Thos. Gibson Henry Hall, Patrick Hoey, Andrew John Kelly, Edward Emanuel Lennon, Thomas M'Inerney, Matthew Joseph M'Quaid, George John Morgan, Charles Drummond Morier, Henry Joseph O'Brien, James Dwyer Ryan.

The undermentioned has been admitted a Member :—
George John O'Reilly.

CERTIFICATE IN SANITARY SCIENCE.—Thomas Lane.

APOTHECARIES' HALL. — The following gentlemen passed the examination in the Science and Practice of Medicine, and received certificates to practise, on April 26th :—

Bird, Henry, Brampton, Huntingdon.
Edwards, Charles Augustus, Bourne House, Wiveliscombe.
Hamilton, Francis Dancy, Lower Sydenham.
Mitchell, Henry, Eastbourne.
Stevens, Henry George Lewis, Bury St. Edmunds.

The following gentlemen also on the same day passed the Primary Professional Examination :—
George Augustus Lovelace Bowling, London Hospital; James King Lewis, Charing-cross Hospital.

QUEEN CHARLOTTE'S HOSPITAL received a visit last week from the Princess of Wales and the Princess Christian.

OLDHAM INFIRMARY.—An additional storey to the south wing, erected by Mr. W. Richardson at a cost of £3000, has just been formally opened.

VACCINATION GRANT. — Mr. C. R. Illingworth, M.B., has received the Government grant for efficient vaccination in the Rishton district of the Blackburn Union.

IN the Bradfield Union, where medical relief is granted on loan, the number of medical orders issued per annum has fallen from over 700 to 45.

PRESENTATION. — Dr. S. D. Clippindale has been presented with a handsome secrétaire, as a token of esteem on the occasion of his resignation of the post of medical officer of the Kensington Dispensary.

UNIVERSITY OF CAMBRIDGE. — The following gentlemen have been appointed examiners in State Medicine : Drs. A. W. Barclay, F. S. B. De Chaumont, W. H. Corfield, and Alfred Carpenter. At a congregation held on April 26th the degree of M.D. was conferred on Frederick Dale, Caius.

NEWPORT MEDICAL SOCIETY. — At the annual meeting of the Newport Medical Society the following officers were elected :—President : Dr. H. R. Storer. Vice-President : Dr. Samuel W. Francis. Secretary : Dr. W. D. McKim. Treasurer : Dr. William C. Rives. Librarian : Dr. C. L. Fisher. Curator : Dr. Stephen H. Sears.

LIEUTENANT-COLONEL LORD SUFFIELD, K.C.B., has just presented, in the name of His Royal Highness the Prince of Wales, and the officers of the 2nd Brigade Eastern Division Royal Artillery, a pair of silver cups to Surgeon-Major C. C. Aldred, on his retirement from the regiment after twenty-nine years' service.

THE GERMAN HOSPITAL.—The anniversary dinner of this charity was held at Willis's Rooms on Tuesday. The chairman was Count Münster, who said the work of the hospital was ever increasing, and that there were now three dispensaries in connexion with it. The expenses had been between £9000 and £10,000, and the donations and interest on capital amounted to £5000. The sum of £4132 was collected in the room.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY. — At the annual meeting on April 26th the office-bearers for 1883-84 were elected as follows :—President : Dr. H. F. Barham. Treasurer : Mr. G. S. Taylor. Secretary : Mr. Simeon Snell. Members to complete Committee : Drs. Bartolomé, Law, Keeling, and Mr. B. Walker. Pathological Committee : Drs. Dyson, Gwynne, Cleaver, and Mr. Pye-Smith.

LONDON HOSPITAL.—At a meeting of the Hospital Committee at the Mansion House on the 27th ult. it was resolved that a special appeal for funds be made to the City companies, and that the Lord Mayor be asked to allow it to be called the Mansion House Fund. Sir T. F. Buxton and Mr. Andrew Johnston have each contributed £100, to be repeated annually for five years, towards the funds of the institution.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a meeting of the Council held on the 1st inst. the following gentlemen were elected examiners for the ensuing year :—Examiners for Letters Testimonial and Fellowship : Messrs. Edward A. Stoker, Edward S. O'Grady, William Thomson, Robert S. Swan, William Frazer, Benjamin G. McDowel, Phineas S. Abraham, Henry Gray Croly, and Arthur H. Benson. Examiners in Midwifery : Messrs. John J. Cranny, Henry Croly, and William J. Smyly. Examiners in General Education : Frank J. Davys, R. Morton, and H. Tweedy.

LEDWICH SCHOOL OF MEDICINE, DUBLIN.—The following prizes have been awarded at the termination of the winter session :—Junior Anatomy : Shirley Roberts (first prize), E. Yeates (second prize). Senior Anatomy : F. Carroll (first prize), R. G. Christy (second prize). Physiology : J. H. Griffin (first prize), W. H. Roberts (second prize), T. Browning (special certificate). Practical Chemistry : A. Mooney (first prize), F. E. Daunt (second prize). Practice of Medicine : T. Williams (first prize), S. Finlay (second prize). Midwifery : William Boake (first prize), T. Browning, R. G. Christy, equal (second prize).

HOMES FOR INCURABLES.—Two of these institutions, the British Home for Incurables and the Royal Hospital for Incurables, celebrated their anniversary festivals last week. The Duke of Cambridge, who presided at the meeting of the first-named institution, said that its financial condition was most unsatisfactory, and that during the last few years all the funded property which could be disposed of had been sold. The secretary announced subscriptions amounting to £720, and added that during the last fortnight £2310 had been forthcoming in legacies. The festival of the Royal Hospital was presided over by Mr. W. Fowler, M.P., who stated that the income of the institution was somewhat precarious, as last year out of a total revenue of £30,000, £10,000 was derived from legacies, and increased subscriptions were asked for. The secretary announced the receipt of donations and subscriptions amounting to £2264, of which £1345 were given towards the building fund, the debt on which is now reduced to £3911.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

ALLEN, Mr. ALFRED H., has been reappointed Public Analyst for the Borough of Sheffield.

BEATLEY, WM. CRUMP, M.B.Durham, M.R.C.S., L.S.A.Lond. (late Resident Medical Officer to Charing-cross Hospital), has been appointed Assistant Medical Officer to the Somerset and Bath Lunatic Asylum.

BURD, G. VANHOUSE, L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer for the Sixth District of the Okehampton Union.

BUSH, ERASMUS, L.R.C.P.Lond., M.R.C.S., has been appointed Medical Officer to the Workhouse of the Thame Union, vice Lee, resigned.

BUTLER-SMYTHE, A. C., F.R.C.S., M.R.C.P.Ed., has been appointed Assistant-Surgeon to St. John's Hospital for Skin Diseases.

CAVERHILL, T. F. SPITTAL, M.B., C.M., M.R.C.P.Ed., has been appointed Assistant-Surgeon to the Edinburgh Eye Dispensary.

FERGUS, SAMUEL, M.D.Q.U.I., has been appointed Medical Officer for the Armagh Union, vice Martin, deceased.

FISHER, Mr. WALTER W., has been appointed Public Analyst for the County of Buckingham.

GORDON, ALEX., L.A.H.Dub., has been appointed Resident Medical Officer to the Grand Canal-street (Dublin) Dispensary.

HILL, ALFRED B., M.D.Giessen, L.R.C.P.Ed., L.S.A.Lond., has been reappointed Public Analyst for the County of Warwick.

RICHARDS, GEORGE, F.R.C.P.Ed., L.F.P.S.Glas., L.S.A.Lond., has been appointed Medical Officer for the Third District of the Ross Union.

RODGERS, JAMES HENRY, L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Surgeon to the Retford Dispensary, vice C. E. H. Rogers, resigned.

ROW, F. EVERARD, M.R.C.S., L.R.C.P., has been appointed Surgeon to the Devonport Workhouse, vice De Lame, deceased.

STONEY, G. LEGGE B., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer to the Lucan and Linlip Dispensaries, Celbridge Union.

TAYLOR, JAMES, M.D., C.M.Aber., has been appointed House-Surgeon to the Aberdeen Royal Infirmary.

WALKER, LAWRENCE NEWMAN, L.F.P.S.Glas. & L.M., L.S.A.Lond., has been reappointed Surgeon to the Grahamstown and Port Alfred Railway, Cape of Good Hope.

WICKS, WILLIAM CAIRNS, M.B., C.M.Ed., L.R.C.P.Ed., has been reappointed Physician to the Hospital for Diseases of Children, Newcastle-on-Tyne.

Births, Marriages, and Deaths.

BIRTHS.

BARTLETT.—On the 27th ult., at Elgin-road, St. Peter's-park, the wife of Edward Bartlett, M.R.C.S., of a son.

NAPPER.—On the 22nd ult., at Broad Oak, Cranleigh, Surrey, the wife of A. Arthur Napper, M.R.C.S., of a son.

PULLEN-BURRY.—On the 18th ult., at Baldock, Herts, the wife of H. B. Pullen-Burry, L.R.C.P. & M.R.C.S., of a daughter.

SMITH.—On the 5th ult., at 3, London-street, Calcutta, the wife of Dr. David B. Smith, Deputy Surgeon-General (Retired), Indian Medical Service, of a daughter.

TRAVERS.—On the 25th ult., at Phillimore-gardens, W., the wife of W. Travers, M.D., F.R.C.S., of a son.

WATTS.—On the 28th ult., at Fort Pitt, Chatham, the wife of Brigade-Surgeon Watts, Army Medical Department, of a son.

MARRIAGES.

FALLS—ROWLANDS.—On the 26th ult., at St. Peter's Church, Carmarthen, William Coulthard Falls, M.A., M.B.Oxon., eldest son of W. S. Falls, M.D., of Bournemouth, to Katherine Edith, youngest daughter of James Rowlands, F.R.C.S., of Carmarthen.

MACDOUGALL—MACKENZIE.—On the 25th inst., at Garrion Tower, Lanarkshire, John Aymers Macdougall, M.D., F.R.C.S.E., of Carlisle, to Helen Mary, youngest daughter of John Munro Mackenzie, Esq., of Mornish, Argyllshire.

ROBERTS—GARTSIDE.—On the 26th ult., at St. Thomas's Church, Saddleworth, Yorkshire, by the Rev. A. W. Headeach, M.A., Thomas Harrop Roberts, L.R.C.P., second son of Frederick William Roberts, of Upper House, Dobcross, to Mary Elizabeth, eldest daughter of Horatio Nelson Gartside, of Woodbrow, Saddleworth.

SEAGER—HETT.—On the 24th ult., at the Parish Church, Holy Trinity, Clapham, Herbert West Seager, M.D., of Hampton Court, to Emily Mary, eldest daughter of Edmund S. Hett, of Cavendish House, Clapham-common, formerly of Brazil.

DEATHS.

MASSEY.—On the 23rd ult., William Massey, L.R.C.P.Ed., M.R.C.S., of Castle Donington and Melbourne, aged 52.

RACKHAM.—On the 27th ult., at Beachamwell, Norfolk, William Abel Rackham, M.R.C.S., aged 69.

TILTON.—On the 22nd ult., at Clifton, Bristol, Rowland Tilton, L.R.C.P.Ed., of Park Villa, Stonehouse, Gloucestershire, in his 65th year.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

Medical Diary for the ensuing Week.

Monday, May 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
ROYAL INSTITUTION.—5 P.M. General Monthly Meeting.

Tuesday, May 8.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. Annual Meeting.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ROYAL INSTITUTION.—3 P.M. Professor McKendrick, "On Physiological Discovery."
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Dr. Garson, "On the Integumentary System of Amphibians and Reptiles."
ANTHROPOLOGICAL INSTITUTE OF GREAT BRITAIN AND IRELAND.—8 P.M. Mr. Frederick Bonney, "On some Customs of the Aborigines of the River Darling, New South Wales."—Lieut.-Col. H. H. Godwin-Austen, "On the Discovery of some Worked Flints, Cores, and Flakes from Blackheath, near Chilworth and Bramley, Surrey."—Admiral F. S. Tremlett, "On Notes on Stone Circles in Brittany."—Mr. C. Staniland Wake, "On the Nature and Origin of Group Marriage."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Dr. Angel Money, "On Gliomatous Enlargement of the Pons Varolii in Children."—Dr. Seymour Sharkey, "On a Case of Asymmetry of the Brain, presenting peculiarities which bear upon the question of the connexion between the Optic Nerves and certain definite areæ of the Cerebral Cortex."—Dr. Barlow will show a Case of Arrested Development of Both Clavicles.

Wednesday, May 9.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.—Ophthalmic Operations on Tuesdays and Thurs days, at 1.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.—Skin Department: 1.45 P.M., and on Saturday at 9.15 A.M.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Dr. P. M. Braidwood, "On Observations on Three Human Contagia."

Thursday, May 10.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.
ROYAL INSTITUTION.—3 P.M. Professor Tyndall, "On Count Rumford."
OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8½ P.M. Drs. Edmunds and Lawford, "On the Immediate Causation of Optic Neuritis, with cases."—Mr. W. Jennings Miles, "On Cases of Recovery from Mild Sympathetic Ophthalmitis."—Mr. Snell, "On a Case of Recovery from Sympathetic Ophthalmitis."—Mr. J. E. Adams, "On Peculiar Changes at the Yellow Spot."—Mr. Priestley Smith, "On a New Self-registering Perimeter."—Mr. Couper, "On a New Refraction Ophthalmoscope."—Mr. J. E. Adams, "On an Ophthalmoscope for Artists."—Dr. Brailey: (1) "On a Case of Pseudo-glioma;" (2) "On a Second Case of Asthenopia treated by a Vertical Prism;" (3) "On a Case of Muscular Asthenopia in a Child."—Living Specimens at 8 o'clock.

Friday, May 11.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—5 P.M. Professor Huxley, "On Oysters and the Oyster Question."
CLINICAL SOCIETY OF LONDON.—Mr. Dalby, "On Examples of the Two Classes of Cases in which Cerebral Abscess, Meningitis, or Pyæmia originate in Disease of the Ear."—Mr. Nettleship and Mr. Higgens, "On a Case of Morphœa in the Region of the Fifth Nerve, with Paralysis of the Intraocular Branches of the Third."—Dr. R. Lee, "On a Case of Nystagmus Infantilis."—Mr. A. E. Barker: (1) "On a Case of Goitre producing great difficulty of Breathing on Exertion; Excision; Recovery and complete relief." (2) "On a Case of Sebaceous or Dermoid Cyst of the Tongue; Removal by Submental Incision; Cure."—Mr. J. H. Morgan will exhibit a Case of Congenital Deficiency of Femur; Dr. Stephen Mackenzie, Case of Myxœdema in a Male; and Mr. Bernard Roth, Case of Lateral Curvature of Spine (now under treatment).

Saturday, May 12.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. A. Geikie, "On Geographical Evolution."

METEOROLOGICAL READINGS.

(Taken daily at 5.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, April 3rd, 1883.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 5.30 A.M.
Apl. 27	29·46	E.	53	50	74	61	48	..	Overcast
,, 28	29·43	W.	52	51	89	59	49	·32	Raining
,, 29	29·46	S.W.	52	50	83	61	47	·06	Cloudy
,, 30	29·71	W.	52	47	107	63	43	·32	Bright
May 1	29·75	E.	49	46	105	63	45	..	Overcast
,, 2	29·93	N.E.	44	42	..	50	42	..	Overcast
,, 3	29·35	W.	49	43	..	52	39	..	Cloudy

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

MEDICAL ENTERPRISE IN DURHAM.

THE following is a specimen of Durham touting in the form of a handbill:—"Notice! Notice!! Messrs. Marr and Robins have pleasure in informing the inhabitants of Wingate, Station-town, and district that, in compliance with the earnest wishes of many, they have completed arrangements enabling them to embrace the above-named districts in their daily visitations professionally. Attendance will be given daily, between the hours of 10 and 12 A.M., and 5.30 and 7 P.M., at Miss Mitchell's, dressmaker (Tonk's late furniture shop), where all messages, &c., can be left. All urgent cases requiring medical aid during the night will be duly attended to by Dr. Arthur at the Colliery Surgery, on behalf of Dr. Marr and Robins. Castle Eden, April 16th, 1883."

"ROYAL MAIL STEAM PACKET COMPANY'S SERVICE."

To the Editor of THE LANCET.

SIR,—Your correspondent, "A Late Surgeon in the Service," makes a mistake when he says "on arrival in the West Indies they are invariably changed to intercolonial or cargo vessels," as I happened to make a voyage in the Royal Mail Service and did not have to do so.

The prospectus sent on application for an appointment states that one may be transferred, and on signing articles (which are read over to you), it expressly states that you are to be transferred, *if required*, by the superintendent of the company in St. Thomas. The transfer is only asked for if there is any surgeon who has been out on station for the usual length of service, and wants to come home; otherwise you might make many voyages without being required to do so. The Royal Mail Company is the only one I know of which allows unattached pay, in most cases the surgeon being compelled to live ashore at his own expense until wanted, and not knowing for a certainty if he will be re-engaged.

As regards sanitary and other measures, the surgeon's opinion is always asked, and in most cases acted upon, although, as a matter of course, on board ship things sometimes cannot be done in such matters as they would on shore. No doubt "his means of redress are also *nil*" if he makes a number of useless complaints, but I have always heard the company as being willing to redress in any case where there is just reason to do so. As to rank, "A Late Surgeon in the Service" must have placed himself lowest, as, according to sea etiquette, he, the purser, chief officer, and engineer are on an equality. Having had an experience of five companies, I can conscientiously look back and say that I was better treated, had a better position, and regretted more leaving the Royal Mail Company's Service than any other I was in.

I am, Sir, yours, &c.,

ARTHUR H. WOOD, L.R.C.P.E., &c.,
Late Surgeon in the Service.

Wells-street, Oxford-street, W.,
April 30th, 1883.

EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS.

AT the recent examinations for the diploma of membership of the Royal College of Surgeons, which were brought to a close on the 19th ult., there were ninety-six candidates, as against seventy at the corresponding period of last year. Of this number four were referred to their professional studies for three months, twenty for six months, three for nine months, and one for twelve months, making a total of twenty-eight out of the ninety-six examined. At the primary examination now going on in Anatomy and Physiology there are 195 candidates, as against 220 last year. To these gentlemen the following questions in Anatomy and Physiology were submitted at the written portion of the examination on the 20th inst., when they were required to answer four, and not more than that number, out of the six questions on each subject—viz., Anatomy, from 1 to 3 P.M.:—

1. Describe the structures displayed upon removing the dura mater from the middle fossa of the base of the skull.
2. Describe the posterior surface of the sternum, and mention the various structures in immediate relation with it.
3. Give the dissection required to expose the parts concerned in femoral hernia.
4. Enumerate in their relative positions the structures displayed upon removal of the sterno-mastoid muscle.
5. Describe the structure and relations of the vesiculæ seminales.
6. Give the dissection required to expose the extensor carpi radialis brevior muscle.

The following were the questions on Physiology:—

1. Give an account of the coagulation of the blood.
2. Describe the process of secretion as it occurs in the submaxillary gland.
3. Describe the structure and functions of the grey matter of the spinal cord.
4. Give an account of the structure, development, and uses of adipose tissue.
5. Describe the structure of the valves of the heart, and the manner in which they act.
6. Describe the structure of the mucous membrane of the uterus, and the changes which occur in it during menstruation.

E. D.—The "warty ulcer of Marjolin" was so called from having been well described by Marjolin, a Parisian surgeon of repute, living at the beginning of this century. The ulceration is secondary to a warty growth, which was described by Mr. Howship under the term "warty tumour of cicatrices," and by Mr. Cæsar Hawkins in vol. xix., 1835, of the Medico-Chirurgical Transactions. These warty more or less malignant or cancerous growths of old cicatrices are described in current works on surgery.

J. G. should apply at the office of the Crown Agents for the Colonies, Downing-street, S.W.

LEPROSY.

To the Editor of THE LANCET.

SIR,—In your leader in THE LANCET of March 31st you gave some valuable observations on leprosy. Having been the first, however, to devote some years of study to disprove the erroneous conclusions come to by Danielssen and Boeck, Virchow, and the Royal College of Physicians as to the non-contagious nature of leprosy, and the very slight value, if any, of heredity as a factor in its production, at a time when even our great Indian pathologist, Dr. Carter, as also Lewis and Cunningham, supported these views, I think it fair to myself to point out that in 1874 (*Brit. Med. Jour.*, vol. ii., p. 803) I advocated segregation, holding that only the theory of contagion could account for its spread in the Sandwich Islands, and have surely a fair claim (if not better) to be mentioned as a supporter of the contagious views with those latter gentlemen, who at that time were opposed to it.

In my work on Leprosy I have, I think, conclusively proved, by historical evidence (a method which had not been previously tried), that it is contagious, or at least communicable. This was first published in the *Edin. Med. Jour.*, 1876-9, and has been ordered by both the India and Colonial Offices for distribution in India and the colonies. I take the liberty of sending you a copy. You will see therein that I cannot find any evidence of any "morbid agent" causing leprosy, but believe it on the grounds shown in p. 64 *et seq.* to have arisen in Central Africa and India at least 4000 B.C. from want of salt, combined with a purely vegetable diet, and spread thence over the world. As to my ideas on heredity, kindly note specially pp. 70-72 *et seq.*, and 77, also my conclusions at p. 87.

I am, Sir, yours faithfully,

W. MUNRO, M.D.,
Late Medical Officer, St. Kitts, West Indies.

Manchester, April 24th, 1883.

P.S.—I have seen a leper teaching a school in St. Kitts. Had I not left it I would have tried to trace the fate of his scholars.

FOOT-AND-MOUTH DISEASE IN THE HUMAN SUBJECT.

To the Editor of THE LANCET.

SIR,—If your correspondent who a few weeks ago wrote for information regarding the occurrence of foot-and-mouth disease in the human subject will refer to Neale's Medical Digest and to the *Glasgow Medical Journal* for January, 1874 (p. 140), and for the year 1872 (case by Dr. John Wilson), he will find what he wants.—I am, Sir, yours, &c.,

SANCT. MUNGO.

May 1st, 1883.

THE GERMICIDE VALUE OF CERTAIN THERAPEUTIC AGENTS.

DR. GEORGE M. STERNBERG, in the *American Journal of the Medical Sciences*, April, 1883, records a long series of experiments on this subject. In his experiments on the micrococcus of gonorrhœal pus he found that, in general, those reagents which destroyed the vitality of the micrococcus from pus are destructive of other organisms of the same class; and their relative value as germicides is not changed when a different micro-organism is used as the test of this value. Moreover, the reagents which were found to be practically valueless as germicides in the first series of experiments—e.g., ferric sulphate, sodium sulphite and hyposulphite, boracic acid, &c.—proved to be equally without value when the test was extended to other micro-organisms of the same class. Although the vital resistance of different bacterial organisms to the reagents in question was not found in all cases to be the same, the comparative germicide value of the reagents tested is the same for the several test organisms, and, allowing certain limits for specific peculiarities, it is safe to generalise from the experimental data obtained in the practical use of those reagents as disinfectants.

MIDWIFERY AND THE BILL.

IT is a feature of the Bill to secure midwifery a prominent place in the licensing examinations. The whole subject of midwifery and the registration of those practising it is special, and should be dealt with in a separate measure.

Bread Tray.—If any objection were raised to our correspondent taking the other appointment named, it would, we believe, have reference not so much to the combined area of the districts, whether for Poor-law or medical officer of health purposes, as to the fact that official engagements and ties outside the area of a Poor-law district are generally regarded as likely to interfere with the efficient treatment of the sick poor. There appears, however, to be no general rule on the subject.

E. R. W.—1. It is increasingly desirable that all medical practitioners should aspire to genuine higher titles.—2. Erichsen's Surgery.

Dr. Pollard.—The announcement appeared in our last issue.

J. S. B.—The paper is marked for insertion.

"RUPTURE OF LIVER WITHOUT EXTERNAL MARKS OF VIOLENCE."

To the Editor of THE LANCET.

SIR,—Having recently seen a case similar to the one recorded by Mr. Charles Robertson in THE LANCET of April 14th, I venture to send you notes of it.

Grace E——, aged three, was brought to this hospital from Merton, having been run over two hours previously by a costermonger's cart. The child was pallid, not blanched, complained of no pain; but, when asked, she put her hand to the epigastric region. No pulse felt at either wrist. Temperature 96°. There was no external mark of violence to be seen anywhere. Had vomited four times; had passed water; no blood in either; there was slight dulness in lower part of right iliac region; resonance above the umbilical region; thoracic breathing extremely marked. The child died collapsed eight hours after admission.

On post-mortem examination, there was no ecchymosis or bruising; there was about half a pint of dark fluid blood in abdominal cavity, and two crushed fragments of liver found; small intestine bruised and injected in three places; spleen torn slightly; small patch of bruising on external anterior surface of stomach; lower part of right lung contused in small patch; the upper part of the right lobe of the liver was extensively crushed and torn. The collapse and thoracic breathing evidently pointed to some injury of abdominal contents, excluding bladder and kidneys; but, without any pain or distinct evidence on percussion, such serious injury was hardly anticipated. This case shows, perhaps, also how the liver, from its resisting nature, is the organ to suffer most.

The following case is interesting as having been admitted four days previous to the above.

Lydia K——, aged four, was brought to this hospital on March 31st, having been just run over the chest by a one-horse van. The child was collapsed; face and lips livid; respiration 56, entirely abdominal; no bruising anywhere; no ribs broken; a few scratches on the back over the upper dorsal vertebræ; pain on pressure to the right of sternum about two inches below the clavicle, and increased by any attempt to sit up; percussion note markedly tympanitic in front of the chest. On auscultation over the seat of the pain inspiration was almost inaudible; expiration loud, musical, and prolonged; this was conducted and heard less distinctly everywhere. On April 1st the temperature was 102°, respiration 60; felt sick; coughed up about half a drachm of blood. On April 2nd the respiration was more thoracic; again coughed up a little blood; slight crepitation heard over the whole seat of pain; still face of dusky colour. On April 6th the temperature was normal; respiration had become gradually normal; all pain gone. The child was sent out well on April 13th.

It is interesting to notice the thoracic breathing in the abdominal injury and the abdominal breathing in the thoracic injury.

I am, Sir, yours, &c.,
JOHN A. SHAW, House-Surgeon.

Victoria Hospital for Children, Chelsea, S.W.,
April 20th, 1883.

HUMAN RESEMBLANCES TO LOWER LIFE.

THE current number of *Longman's Magazine* contains an article on this subject, by Andrew Wilson, F.R.S.E. Attention is directed by the author to the attrahens, retrahens, and attolens aurem, which, rudimentary in man, exist in the lower animals for the purpose of moving the ear; to the skin-muscles of the horse, hedgehog, &c., which are partially represented in man by the occipito-frontalis, the platysma, and the palmaris brevis; and to the "third eyelid" of animal life, the nictitating membrane of comparative anatomists, which is represented by the small plate of cartilaginous gristle developed between the layers of the plica semilunaris. Man, when he sneers, uncovers, after the fashion of an enraged dog, his upper canine tooth of one side, and the author supports Mr. Darwin in saying that a sneer reveals the animal descent of man. The caudal appendage and its rudiments are also mentioned, and the presence in man of the extensor muscle of the tail is cited as linking us to the lower stages in which the tail movements are a characteristic feature of life. An allusion to the normal and abnormal conditions of the humerus, followed by a brief note on development, brings to a close a very readable and interesting paper on a subject which is not often presented in a popular form.

CREMATION IN THE UNITED STATES.

A BILL has been introduced into the Pennsylvania Legislature to prevent the cremation of human bodies after death. It is alleged that the bodies are generally imported from other States for cremation, and that the practice is contrary to the instincts of humanity and to the Christian civilisation of the age, and abhorrent to the masses of the people of the State. The penalty prescribed is a fine of from 500 to 1000 dollars, or solitary imprisonment at hard labour for a period of from one to three years, or both.

Scotus.—We have learned that the lists of candidates must be completed on the Saturday to enable the necessary arrangements for the examination to be made. Candidates from Scotland are ordered to attend on the preceding Thursday. We do not think there is anything to be complained of in this arrangement.

J. T. M.—It would be better to follow the advice of the medical attendant, who knows the peculiarities of the case.

Mr. Nixon's letter arrived too late for this week.

PROGLOTTIDES.

To the Editor of THE LANCET.

SIR,—I beg to thank you very much for your notice of my letter in THE LANCET of April 21st, at the same time I think you have, like I did myself in the first instance, decided too hastily. Because (1) these specimens have never been found jointed together, but always single, though they have been watched for some months; (2) when passed they attach themselves by one end, and move the other to and fro in a wave-like motion, resembling a leech; (3) they generally discharge a thick milky fluid from the moving extremity; (4) they are mostly of one width, though varying in length from one inch to an inch and a half; (5) they frequently escape from the anus when my patient is walking, and at other times when the bowels are not in action, wriggling themselves out with some degree of force. In all these particulars I think you will find they differ from proglottides, or at least they are not mentioned in the various descriptions of tænia.

I am, Sir, your obedient servant,
A. J. TURNER.

Poplar, April 21st, 1883.

*** Every particular thus supplied by Mr. Turner affords additional proof that the "parasites" are none other than tapeworm proglottides. It is the rule, and not the exception, for the "joints" or "segments" to pass separately, except after taking medicine or food which acts as such. Thus we have twice known a red-herring to expel the body of a tapeworm. The "milky fluid" is invariably discharged from fresh proglottides, and consists of tapeworm eggs. We have again examined the specimens, and find them to present the anatomical characters of joints of Tænia mediocanellata.—ED. L.

L.R.C.S.I. will be registrable in virtue of his present qualification, and will, we presume, not be required to pass the new final examination.

Mr. J. J. Idson.—"Ellis and Ford's Illustrations of Dissections."

VERMOUTH.

To the Editor of THE LANCET.

SIR,—In common with your correspondent, "S.," I should like to know whether there is any ground for the suspicion popularly entertained with regard to this wine. One constantly sees it coupled with the brain-destroying absinthe as the type of everything that is bad, but I am assured by persons who have long resided in that district of Northern Italy in which it is produced, that it is a genuine and harmless wine, possessing valuable properties. I have certainly found a glass of it taken just before dinner a very agreeable and efficient appetiser, and have never been conscious of any ill effects. I refer only to the Italian wine. The French variety is by no means so pleasant to the taste, and is said to be a manufactured article.

I am, Sir, your obedient servant,
W. J. S.

April 23rd, 1883.

THE MOORE FUND.

THE Rev. F. R. Miller asks us to acknowledge, with thanks, the following contributions on behalf of the widow of the late Dr. Moore:—

Lawson Tait, Esq.	..	£2	2	0	Reginald Harrison, Esq...	£1	1	0
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MR. FREDERICK WALLACE has received the following subscriptions towards the above, which he has forwarded to the Rev. E. E. Crake, Clifton House, Eastbourne, hon. sec. to the fund:—

Dr. Clapton..	..	..	£3	3	0	Dr. Charlewood Turner ..	£1	1	0
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SMALL-POX TENT HOSPITALS.

To the Editor of THE LANCET.

SIR,—Could you please, if not occupying too much of your space, inform me on the two following points:—

1. Would there be any risk of infection to occupiers of dwelling houses or to passengers on a public road, in whatever direction the wind blows, from tent hospitals for small-pox patients on a slight elevation distant from the road and houses about 80 or 100 yards?

2. Is there any clause in any Act, municipal or general, specifying any definite distance from house or road or public park for the site of such hospital?

I am, Sir, yours, &c.,

April 30th, 1883. N. Y. R.

*** 1. Since the publication of the official report on the Use and Influence of Hospitals for Infectious Diseases no doubt can remain but that under certain circumstances the poison of small-pox can be conveyed through the agency of the atmosphere for a greater distance than 100 yards. The circumstances in question probably involve meteorological conditions which, in our present state of knowledge, it is impossible to specify; it seems also clear that the spread is only brought about by the aggregation of *acute* cases of small-pox, no such effect being produced even when large numbers of convalescents have simultaneously been under treatment; and, lastly, the aggregation of acute cases must apparently be somewhat considerable, for in the case of the Fulham Hospital no spread was recorded until some thirty to forty acute cases had been received into the hospital.—2. No, there is not. There is, however, abundant evidence to show that at a distance of some forty to fifty feet no spread of infection has followed in the aggregation of very large numbers—even hundreds of cases—of any of the specific fevers other than small-pox; and in the absence of evidence to the contrary, we may for the present assume that the same holds true as regards small numbers of small-pox patients. For these reasons no hospital buildings intended to contain infection—e.g., wards, laundry, &c.—should be placed within at least forty feet of the boundary of the hospital site, and no large small-pox hospitals should be established near centres of population.—ED. L.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Cory, Buckhurst-hill; Dr. Spencer Thomson; Dr. Tonge Smith, London; Dr. Bristowe, London; Mr. Nixon, London; Mr. Walsham, London; Dr. Hillis, Mahaica; Mr. N. Dalton, London; Mr. Baldwin, London; Mr. A. Buchanan, London; Dr. Collins, London; Mr. O. Pritchard, Kingston; Mr. Wooton, London; Mr. Larrett; Dr. Johnson, London; Dr. Eggleston, Philadelphia; Mr. Duggan; Messrs. Mills and Co., Bourne; Dr. Shingleton Smith, Bristol; Mr. L. Humphrey, Cambridge; Mr. S. Snell, Sheffield; Mr. Tom Bird, London; Captain Douglas Galton, London; Mr. Bottomley; Dr. Day, London; Mr. Morrell, Pangbourne; Mr. Wardley, Baxton; Dr. F. Page, Newcastle-on-Tyne; Dr. Pollard, Ulverston; Mr. Cantile, London; Mr. Carmody, London; Mr. Dutch, Littleport; Dr. Smyth, Shipley; Mrs. Nicholas, Alexandria; Messrs. Burroughs and Co., London; Mr. Thompson, Newport; Mr. Frost, Glenalmond; Messrs. Robertson and Scott, Edinburgh; Mrs. Jones, Mitcheldean; M. Berthier, Paris; Mr. Dale, Walthamstow; Mr. Walton, Birmingham; Mr. Cocking, Chiswick; Dr. Sturges, London; Dr. Oliver, Gibraltar; Mr. Crewes, Truro; Dr. Waters, Liverpool; Messrs. Bayliss, Jones, and Co., Wolverhampton; Messrs. Woolley and Co., Manchester; Mr. Roger Williams, London; Dr. Eastwood, Darlington; Dr. Royle, Jersey; Mr. Hatcher, Taunton; Messrs. Potts and Co., Darwin; Messrs. Smith and Son, Manchester; Mr. Moffat, Brechin; Messrs. Bell and Bradfute, Edinburgh; Mr. Sergeant, London; Messrs. Sampson Low and Co., London; Dr. B. Nevins, Liverpool; Surgeon-Major Yeates Hunter, Karachi; Mr. Chandroba, Bombay; Messrs. Merryweather and Sons, London; Dr. Elder, Nottingham; Dr. Cory; Dr. Seymour Taylor, London; Mr. Healey, Newtown, Mon.; Dr. M'Kendrick, Glasgow; Dr. Irwin, Liverpool; Mr. E. Prideaux, Wellington; Dr. Cullingworth, Manchester; Mr. Pink, London; Dr. Hack Tuke, London; Mr. Jas. Oliver, London; Mr. Herbert, Birmingham; Dr. Wilson, Bourton-on-the-Water; Mr. Lawrence, Hemel Hempstead; Mr. Straton, Walton; Dr. Morris, Stockport; Mr. John Clay, Birmingham; Mr. Franklin, London; Audi Alteram Partem; An Observer; Rambler; J. T. M.; L. M., Edinburgh; Amicus; E. R. W.; N. Y. R.; J. J. J.; B. A.; Bread Tray; Indicus Infelix; Scotus; A Late Surgeon in the Service; M.R.C.S. Eng., L.S.A. Lond.; &c., &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Parry, Ferndale; Dr. Fausset, Tamworth; Dr. Ketchen, Middlesbrough; Mr. Adams, Ipswich; Mr. Berry, Borris-in-Ossory; Mr. Tunstall, Caersws; Mr. Larkin, London; Dr. Clark, Folkestone; Mr. Barff; Dr. Wood, Burton-on-Trent; Mr. Jennings, Deptford; Miss Walker, Liverpool; Messrs. Millikin and Down, London; Messrs. Austin and Son, Clifton; Mr. Flint, Westgate-on-Sea; Messrs. Maclehose and Son, Glasgow; Dr. Finch, Salisbury; Mr. Thomson, Caerphilly; Mr. Gers, Epperstone; Dr. Warton, Oldham; Mr. Woolley, Heanor; Dr. Hunter, Linlithgow; Mr. Spence, Lichfield; Messrs. Ladd and Sons, Canterbury; Mr. Osborne, Southampton; Messrs. Sowger and Son, York; Messrs. Ledger, Smith, and Co., London; Mr. Gartside, Ashton-under-Lyne; Messrs. Mawson and Swan; Dr. Skrimshire, Holt; Mr. Gray, Edinburgh; Dr. Mason, Sudbury; Dr. Macdonald, Ledaig; Dr. Waters, Liverpool; Messrs. Smith and Son, Birmingham; Messrs. Ford and Co., London; Mr. Nemo, Bradford; Messrs. Gale and Co., London; Messrs. Hedges and Butler, London; Mr. Stedingk, London; Dr. M. Thompson, Newport; Messrs. Oliver and Boyd, Edinburgh; Mr. Beaman, Newton-le-Willows; Mr. Moxon, Yarmouth; Mr. Powell, Nottingham; Mr. Lucas, Staveley; Mr. Davies, Bath; Mr. Caton, Liverpool; Mr. Harrison, Sherburn; Mr. Ashby, Littlehampton; Mr. Armstrong, Matlock; Messrs. Jones and Son, Llanfyllin; Mr. McGuire, Skreen; Messrs. Bell and Co., London; Medicus, Portland-street; T. J. J., De Beauvoir-road; X. Y. N.; Medicus, Oldham; Medicus, Keighley; A. Z., London; Dr. B., Haddenham; A. M., Exeter; J. M., Guildford; Tenax, Bourton-on-the-Water; Sigma; Hercules; Student, Colchester; H.; J. T. M., Harleston; Medicus, East India-road; Forceps, Seaham Harbour; Fides; &c., &c.

New York Tribune, Modern Thought, Liverpool Courier, Philanthropist, Belfast News Letter, Brighton Guardian, Deutsche Medizinal-Zeitung, Indian Daily News, &c., have been received.

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